

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County	
Date of death <i>1906</i>		Month <i>9</i>	Day <i>26</i>	Age <i>47</i>	Years
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>	
Occupation		Where Residing If not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John W. Aaron</i>			
Father's Name <i>Robert Wright</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace			
Name of person giving information <i>John W. Aaron</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

Primary <i>Carbuncle</i>	How long <i>143</i>
Immediate <i>Ephraim</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Marlin</i>
	Address <i>Bayview</i>
Accident or Suicide?	<i>no</i>

L. M. Watkinson.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Richard Henry Alvey Sr*  
 Town *Hagerstown* County *Wash.*  
 Died at  
 Date of death *1906* Month *9* Day *14* Age *80* Years Months *6* Days *8*  
 Sex *male* Color or Race *white* Birth-place *Md.*  
 Occupation *Retired - Judge* Where Residing if not at place of death  
 Married, Single or Widowed *married* Name of Wife or Husband *Julia J. Hager Alvey*  
 Father's Name *George Alvey* Father's Birthplace *England*  
 Mother's Maiden Name *Elizabeth Wickline* Mother's Birthplace  
 Name of person giving information *R. H. Alvey Jr* How related to deceased *son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

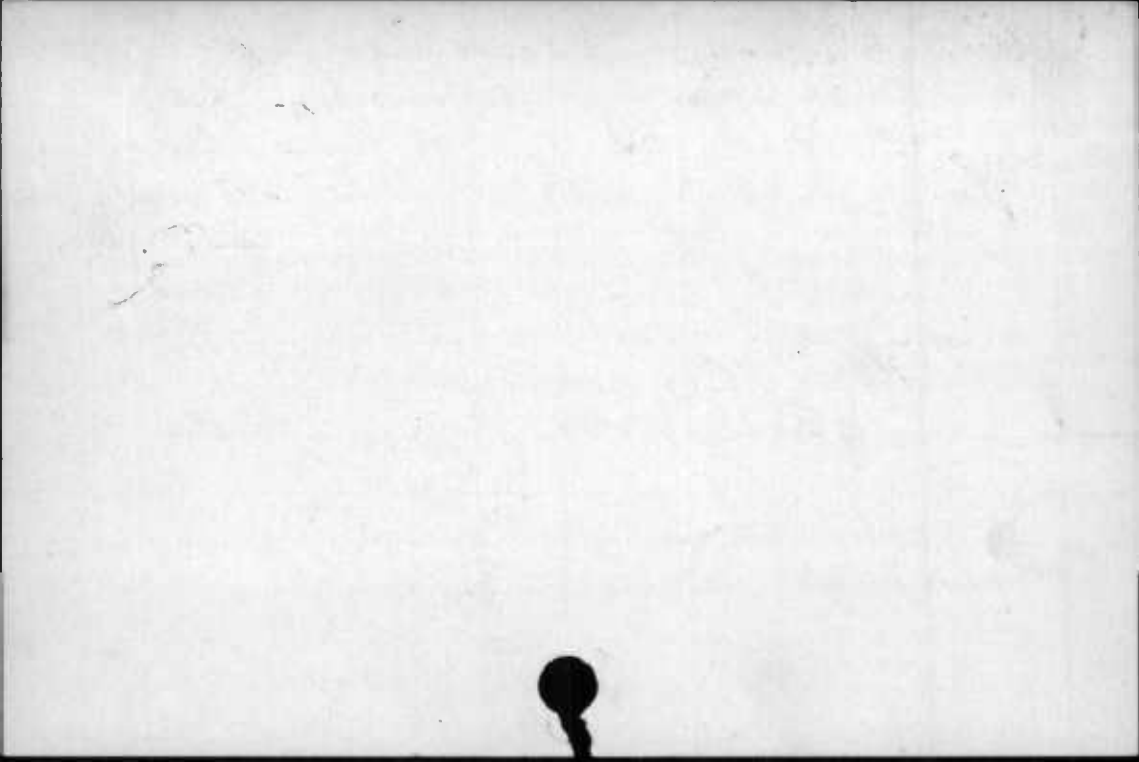
Primary *Obstruction of ductus - 188* How long  
 Immediate *infectious chronic* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
In  
Full

*Amie Reynolds Badger*

CERTIFICATE OF DEATH

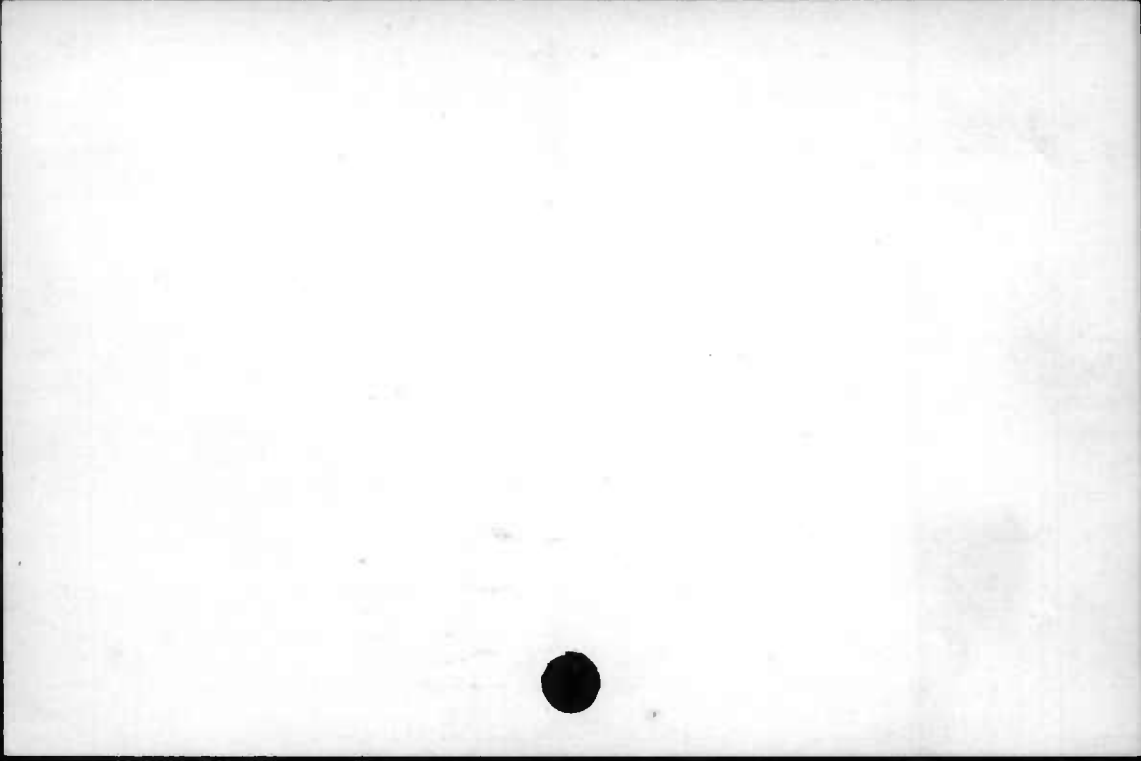
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Yarrowburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>9</i>	Day <i>26</i>	Age <i>18</i>	Years	Months <i>10</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>W. Va</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Samuel Badger</i>			Father's Birthplace <i>W. Va</i>				
Mother's Maiden Name <i>Mary Le McEaha</i>			Mother's Birthplace <i>W. Va</i>				
Name of person giving information <i>Samuel Badger</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>10 days</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. T. Foster</i>
	Address <i>Brownsville Maryland</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Louisa Bennett

Town

County

MARYLAND

Died at

Hagerstown

Wash.

Date

Month

Day

Age

Years

Months

Days

of death 1906

Sep

30

71

7

25

Sex

female

Color or  
Race

white

Birth-  
place

Md.

Occupation

H. W.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widow

Name of W.  
Husband

A. D. Bennett

Father's  
Name

Richard Sheckels

Father's  
Birthplace

England

Mother's  
Maiden Name

Eliza Wooster

Mother's  
Birthplace

Maryland.

Name of person giving  
information

F. R. Bennett

How related  
to deceased

son.

## CAUSES OF DEATH

Primary

Simplicity

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

A. P. Stuffer

PHYSICIAN  
OR CORONER

Accident or Suicide?

B. H. Carter & Son



Name  
in  
Full

Philip Edward Bigelow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bromsboro		County Wash.		MARYLAND			
Date of death		1900	Month Sept	Day 10	Age Years	Months	Days 14		
Sex		Male		Color or Race		White	Birth- place	Bromsboro	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Ed. M. Bigelow				Father's Birthplace	Washington D.C.
Mother's Maiden Name				Nettie Rohrer				Mother's Birthplace	Bromsboro Md
Name of person giving information				Julia Rohrer				How related to deceased	Aunt

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature	How long	1-7 months
Immediate	Inanition	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		S. S. Davis	
Address		Bromsboro	
Accident or Suicide?			



Name  
In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>Annie E. Bowers</i>		Town <i>near Hagerstown</i>		County <i>Wash.</i>		MARYLAND					
Died <i>near</i>		Month <i>9</i>		Day <i>19</i>		Years <i>1</i>		Months <i>11</i>		Days <i>25</i>	
Date of death <i>1906</i>		Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>					
Occupation <i></i>				Where Residing if not at place of death <i></i>							
Married, Single or Widowed <i>single</i>				Name of Wife or Husband <i></i>							
Father's Name <i>Jacob E. Bowers</i>				Father's Birthplace <i>md</i>							
Mother's Maiden Name <i>Annie E. Middlekauff</i>				Mother's Birthplace <i>"</i>							
Name of person giving information <i>J. E. Bowers</i>				How related to deceased <i>father</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enteric ecchites</i>	How long <i>15 days</i>
Immediate <i>Exhaustion</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. H. Ragan</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	

Suter

Name  
in  
Full

Frank Edward Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Clear Spring <sup>County</sup> Wash. **MARYLAND**

Date of death 1906 <sup>Month</sup> 9 <sup>Day</sup> 22 Age <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 15

Sex Male Color or Race Colored Birth-place Ind

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name George Brown Father's Birthplace Ind

Mother's Maiden Name Carrie Parker Mother's Birthplace Pa

Name of person giving information George Brown How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Insanition 151 How long 15 days

Immediate Exhaustion How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. P. Perry

Address B. B. Clear Spring Ind.

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

CERTIFICATE OF DEATH

Nettie L. Byron

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Williamport</u> <sup>Town</sup>		<u>Wash</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup> <u>27</u>		Age <u>42</u> <sup>Years</sup>		Months <u>6</u> Days <u>20</u>	
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>N. H.</u>	
Occupation <u>N. W.</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>married</u>		Name of <del>Wife</del> Husband <u>Edward W. Byron.</u>			
Father's Name <u>Rev Frederick Cameron</u>		Fether's Birthplace <u>N. H.</u>			
Mother's Maiden Name <u>Louella J. Gillingham</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>E W. Byron</u>		How related to deceased <u>husband</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute Malaria</u>	How long <u>4 hours</u>
Immediate <u>Edema of Brain</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Huby</u>
	Address <u>Williamport</u>
Accident or Suicide?	

Mr Suter  
und



Name  
in  
Full

Elsie Carlshaw

## CERTIFICATE OF DEATH

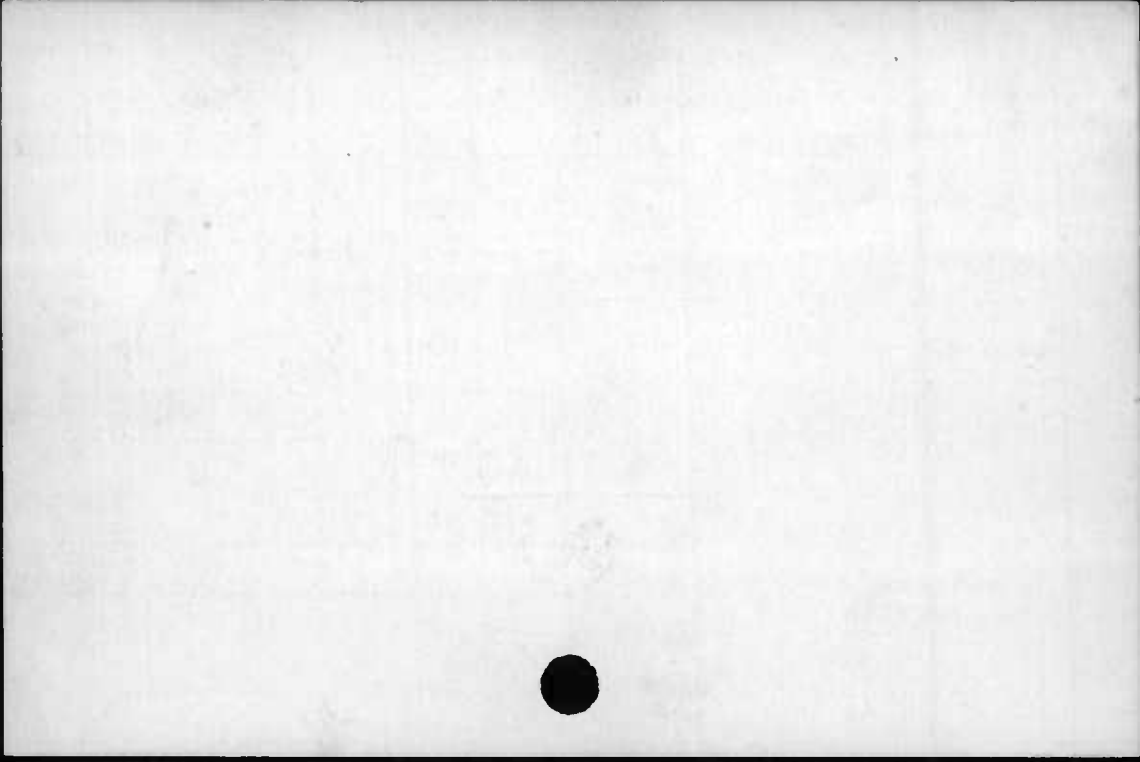
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Smithsburg</i>		Town <i>Smithsburg</i>		County <i>Hartington</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>9</i>	Day <i>14</i>	Age <i>37</i>	Years	Months <i>2</i>	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>Smithsburg</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name <i>Isadora Roub</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Daniel Sykes</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart Failure + Dropsy</i>	How long	<i>17</i>	How long	<i>Several days</i>
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Hooper Undertaker</i>			
yes		Address <i>Smithsburg road</i>			
Accident or Suicide?					



Name  
in  
Full

Thomas. Leclipp

CERTIFICATE OF DEATH

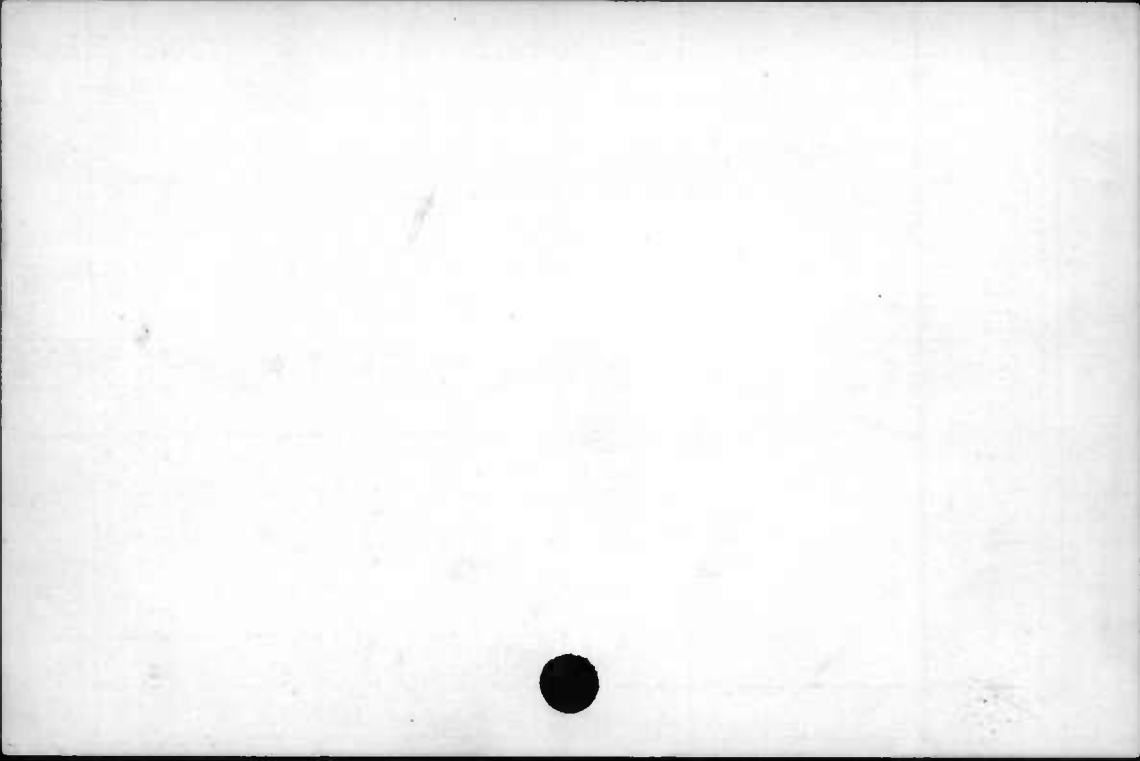
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Garrisonburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1906	Month	10	Day	20	Age	Years 33 Months 10 Days 9
Sex	Male		Color or Race	White		Birth-place	W. Va
Occupation	Railroader			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Elizabeth H. Leclipp			
Father's Name	William Leclipp				Father's Birthplace	W. Va	
Mother's Maiden Name	Elizabeth Leagdon				Mother's Birthplace	W. Va	
Name of person giving information	Abner Leclipp				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Alcoholism</i>		How long	<i>35 days</i>
Immediate	<i>Hiccough</i>		How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		<i>J. T. Younter</i>		
Address		<i>Brownsville</i>		
Accident or Suicide?		<i>no</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

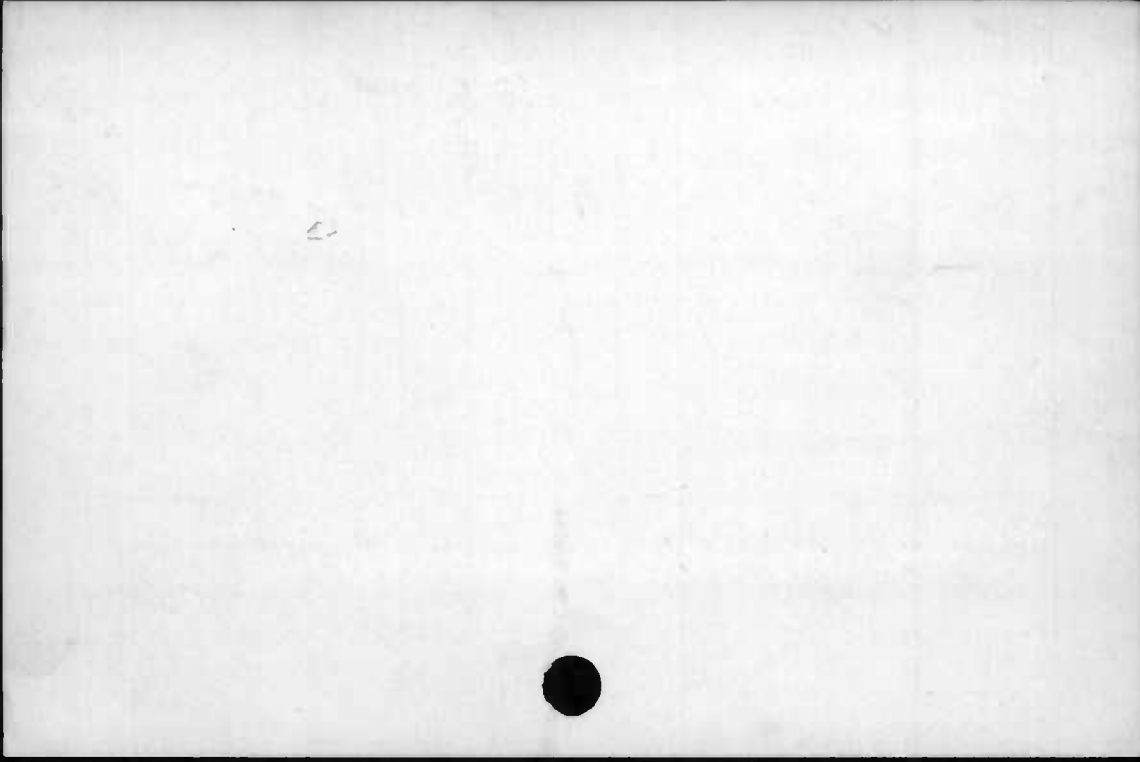
Name in Full <b>Samuel James Deal</b>		Town <b>Edgemont</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Edgemont</b>		Date of death <b>1906 Sept. 1</b>		Age <b>4</b>		Months <b>6</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Edgemont</b>		Where Residing if not at place of death <b></b>	
Occupation <b></b>		Single <b></b>		Name of Wife or Husband <b></b>		Father's Name <b>Franklin M Deal</b>	
Mother's Maiden Name <b>Sayota M. Strope</b>		Name of person giving information <b>Franklin Deal</b>		Father's Birthplace <b>Hagerstown</b>		Mother's Birthplace <b>Hagerstown</b>	
				How related to deceased <b>Father</b>			

CAUSES OF DEATH

Primary <b>Marasmus</b>	How long <b>1 week</b>
Immediate <b>Acute Indigestion</b>	How long <b>1 day</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Dr. M. D. Kefauver</b>
	Address <b>Smithsburg Md.</b>
Accident or Suicide? <b></b>	

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Nancy LeClusier

## CERTIFICATE OF DEATH

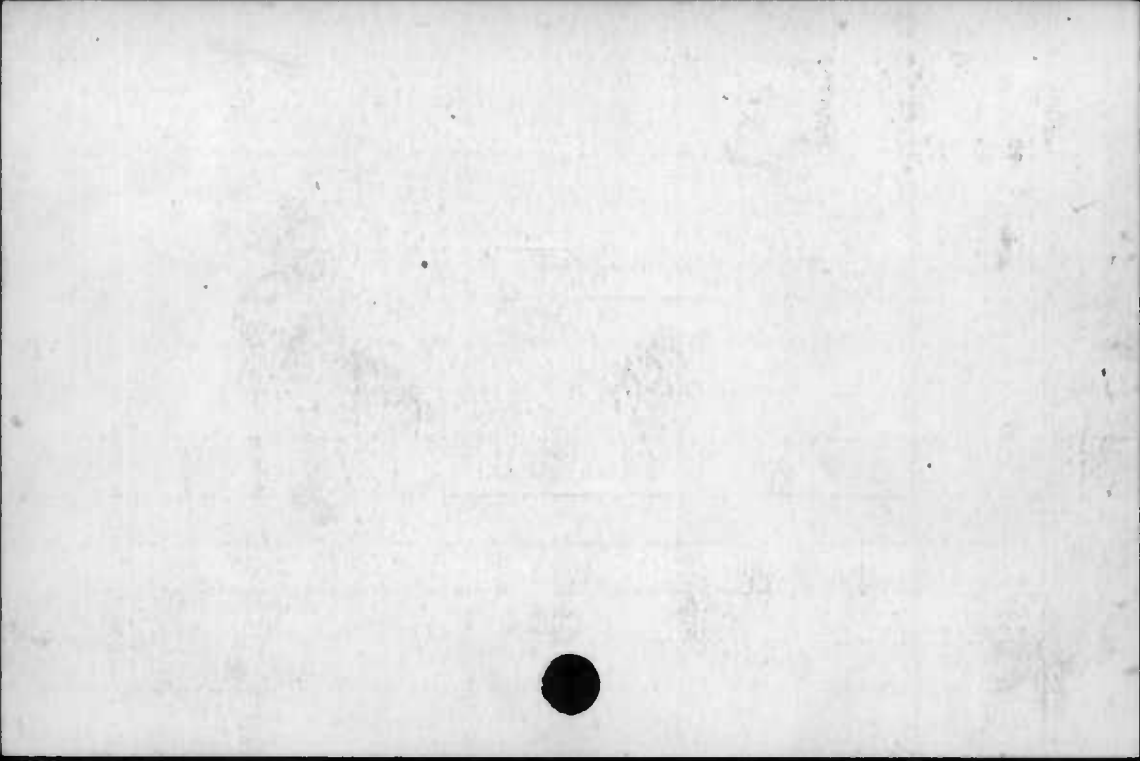
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Edgemount		Washington		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1906		9	27	Age 5-9	3	27	
Sex	Female	Color or Race		white		Birth-place	
Occupation	Housewife	Where Residing if not at place of death		Edgemount			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	William LeClusier				Father's Birthplace	New Edgemount	
Mother's Maiden Name	Mirrod Elisabeth				Mother's Birthplace	Germany	
Name of person giving information	Malinda				How related to deceased	Sister	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	Two years
Immediate	Heart failure	How long	Instant
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. W. D. Kefauver	
		Address	
		Smithsburg	
		Md.	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Brunswick* <sup>Town</sup> *Washington* <sup>County</sup>Date of death *1906* <sup>Month</sup> *Sept* <sup>Day</sup> *25* <sup>Years</sup> *39* Months DaysSex *Female* Color or Race *White* Birth-placeOccupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *John Dorr*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

Primary *Tuberculosis (Pulmonary)* How longImmediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		Joseph Drenner		Town		County		CERTIFICATE OF DEATH	
Died		Bellevue		Wash		MARYLAND			
Date of death		1906		Month		Day		Age	
		9		1		76		8	
Sex		male		Color or Race		white		Birth-place	
								Md.	
Occupation		Laborer		Where Residing if not at place of death		Sharpsburg, Md.			
Married, Single or Widowed		married		Name of Wife or Husband		Mary A. Drenner			
Father's Name		Not Known		Father's Birthplace					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information		John Drenner		How related to deceased		son			
CAUSES OF DEATH									
Primary		Tuberculosis		How long					
Immediate		Fever		How long					
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. B. Morrison			
Accident or Suicide?		no		Address		Bagsboro, Md.			

Sharpsburg.

Name  
in  
Full

Miss Mary Ann. Flora

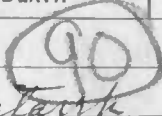
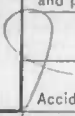
CERTIFICATE OF DEATH

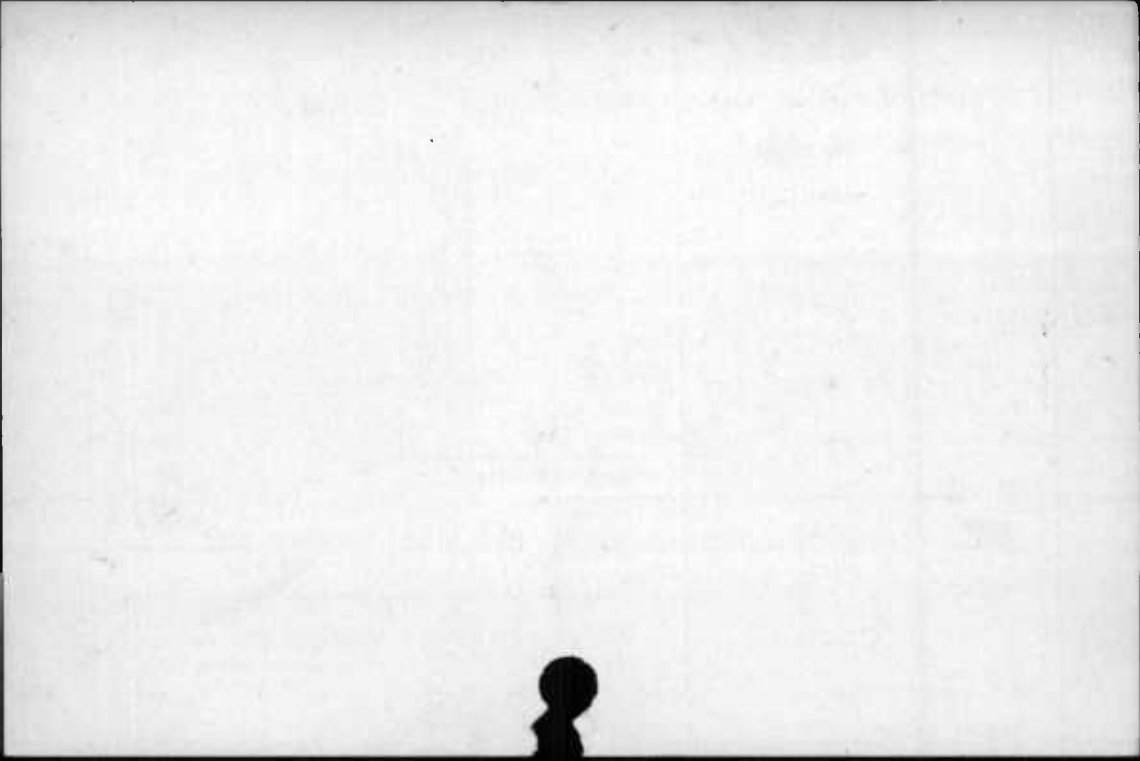
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Smithsburg</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	9	Day	12
Age	Years		83	Months	2
				Days	12
Sex	Female		Color or Race	White	
Occupation	House Keeper.		Birth-place	Smithsburg	
Where Residing if not at place of death			.. .. ✓		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			John Flora.		
Father's Birthplace			Hark Co.		
Mother's Maiden Name			Miss Nancy Lyday		
Mother's Birthplace			.. ..		
Name of person giving information			Susan Harbaugh.		
How related to deceased			None		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long
Immediate		How long
Acute bronchial catarrh		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		E. Tracy Bishop
		Address
		Smithsburg Md.
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Boonsboro</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>sep</i>	Day <i>10</i>	Age	Years	Months Days
Sex <i>male</i>	Color or Race <i>whr</i>		Birth-place <i>md</i>		
Occupation <i>---</i>			Where Residing if not at place of death <i>---</i>		
Married, Single or Widowed <i>---</i>		Name of Wife or Husband <i>---</i>			
Father's Name <i>J. B. Gandy</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Annie Becker</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>J. B. Gandy</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. S. Davis</i>	
	Address <i>Boonsboro</i>	
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

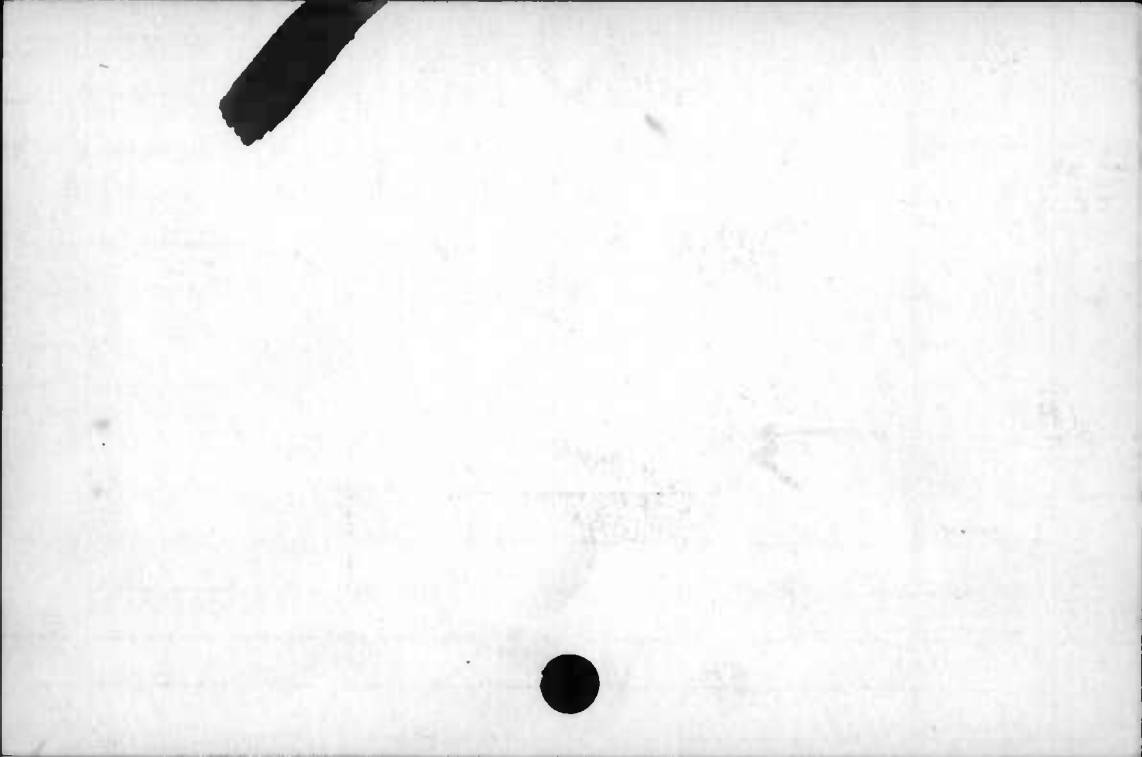
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name  
in  
Full

Martin Happel

## CERTIFICATE OF DEATH

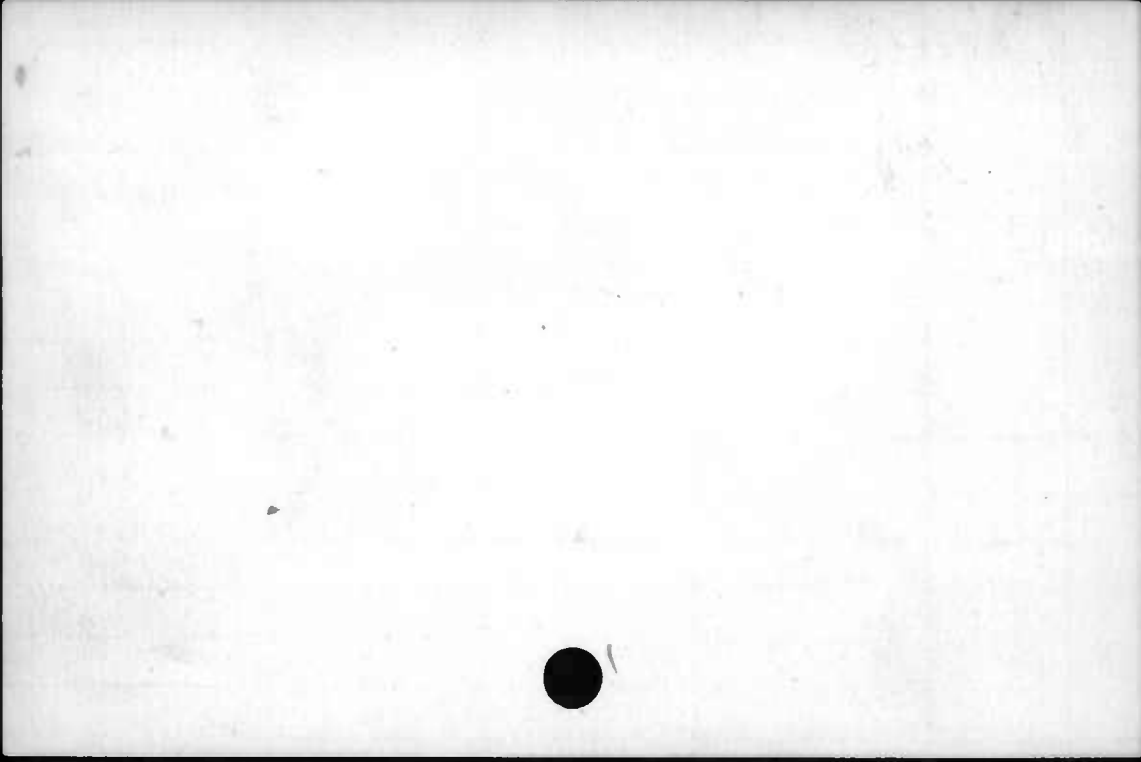
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Haggsstown		County Wash.		MARYLAND	
Date of death		1906	Month Sept	Day 31	Age 67	Years	Months Days
Sex male		Color or Race white		Birth- place Germany			
Occupation Potter		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife - Husband Rosina Happel					
Father's Name John Happel		Father's Birthplace Germany					
Mother's Maiden Name Not Known		Mother's Birthplace					
Name of person giving In formation Rosina Happel		How related to deceased wife.					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bladder trouble	How long	Several years
Immediate	Uremia	How long	Some months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes -		Chas. B. Boyle	
Accident or Suicide?		Address Haggsstown	



Name in Full		Mary S. Hawken				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Williamsport	County Washington		MARYLAND	
	Date of death	1906	Month Sept.	Day Saturday	Years 68	Months 10	Days 6
	Sex	Female		Color or Race	White		
	Birth-place	Berkeley Co. W. Va.					
	Occupation	Housewife			Where Residing if not at place of death		
	Married, Single or Widowed	Widow		Name of Wife or Husband	James E. Hawken		
	Father's Name	Abner Mendenhall				Father's Birthplace	West Va
Mother's Maiden Name	Elizabeth Galleher				Mother's Birthplace	West Va	
Name of person giving information	Son - J. E. Hawken				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tumor Intestinal				How long	One year
	Immediate	Exhaustion				How long	2 months
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. M. Wink	
					Address	Williamsport	
Accident or Suicide?							

J. M. Miller  
Bureau  
Reverend Cemetery

Name  
in  
Full

Margaret Catherine Hoffman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baltimore		County Washington		MARYLAND	
Date of death		1906	Month Sept.	Day 8	Age	Years 62	Months 11
Sex		Female		Color or Race		White	
Occupation		Nurse		Where Residing if not at place of death		Maryland	
Married, Single or Widowed		Widow		Name of Wife or Husband		Joseph Hoffman deceased	
Father's Name		John Hanson		Father's Birthplace		Maryland	
Mother's Maiden Name		Minnie Dubel		Mother's Birthplace		Maryland	
Name of person giving information		Minnie Dubel		How related to deceased		Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera - Enteritis	How long	10 weeks
Immediate	Exhaustion, Delirium	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Hubert Wade M.D.	
Address		Baltimore, Maryland	
Accident or Suicide?		No	





Name  
in  
Full

## CERTIFICATE OF DEATH

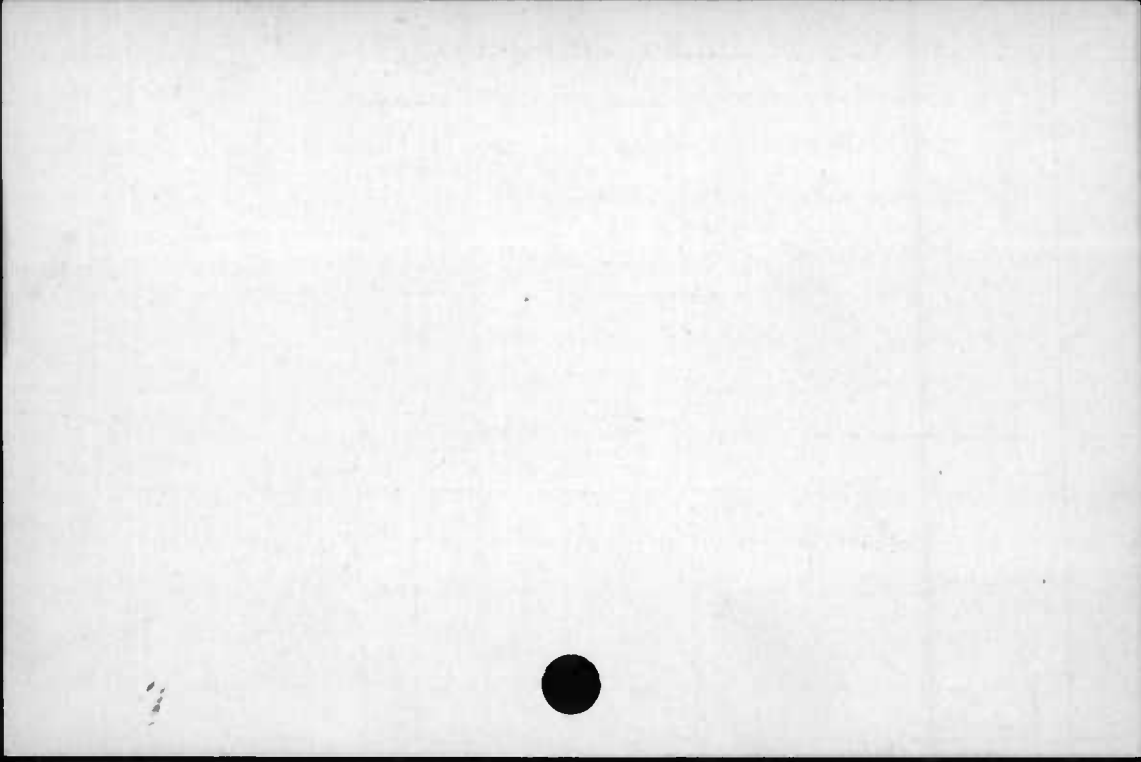
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brown</i> <sup>town</sup> <i>Harlemington</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	September
	25	Day	22
	11	Months	6
Sex	Female	Color or Race	White
Birth-place	Brown		
Occupation	Housekeeper		
Where Residing If not at place of death	Brown		
Married, Single or Widowed	Single		
Name of Wife or Husband			
Father's Name	J. A. Brown		Father's Birthplace
Mother's Maiden Name	Fannie Cross		Mother's Birthplace
Name of person giving information	Fannie Brown		How related to deceased
			Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis Pulmonalis	How long	1 1/2 yrs.
Immediate	Heart Failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. S. Davis
		Address	Brown
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

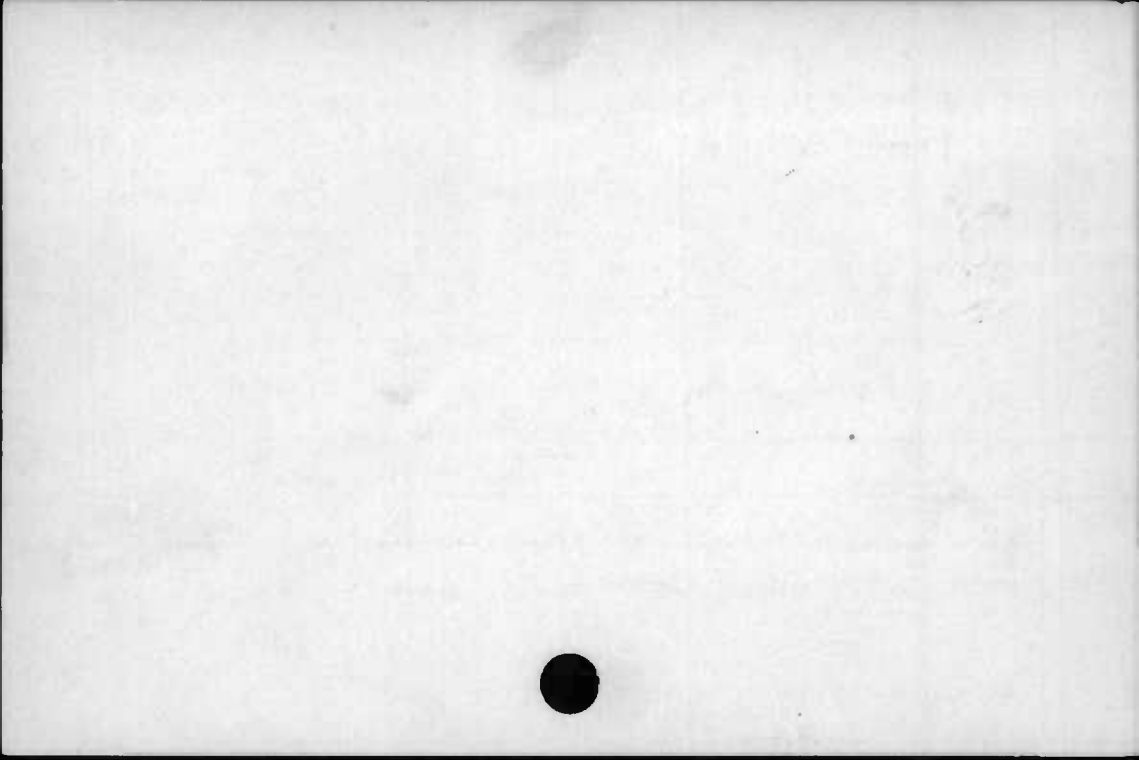
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash.</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>15</i>		Years <i>70</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>		Months <i>—</i>	
Occupation <i>Servant</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Arthur Johnson</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>+</i>					
Name of person giving information <i>S. B. Loose</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>154</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Von Miller Jr.</i>	
Address <i>Hagerstown Md.</i>			
Accident or Suicide? <i>9</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ray Epler Johnson

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> MARYLAND  
Date of death 1906 *Sep* <sup>Month</sup> *18* <sup>Day</sup> Age *—* <sup>Years</sup> Months *3* <sup>Months</sup> Days *23* <sup>Days</sup>Sex *male* Color or Race *white* Birth-place *Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *single* Name of Wife or Husband *—*Father's Name *Thomas E Johnson* Father's Birthplace *Md.*Mother's Maiden Name *Edna Fogle* Mother's Birthplace *"*Name of person giving information *J. E. Johnson* How related to deceased *father*

## CAUSES OF DEATH

Primary *Malnutrition* *179* How longImmediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *A. P. Hager*Address *—*Accident or Suicide? ☒

Woodbury,  
Frederick Co.

Sister

Name  
in  
Full

## CERTIFICATE OF DEATH

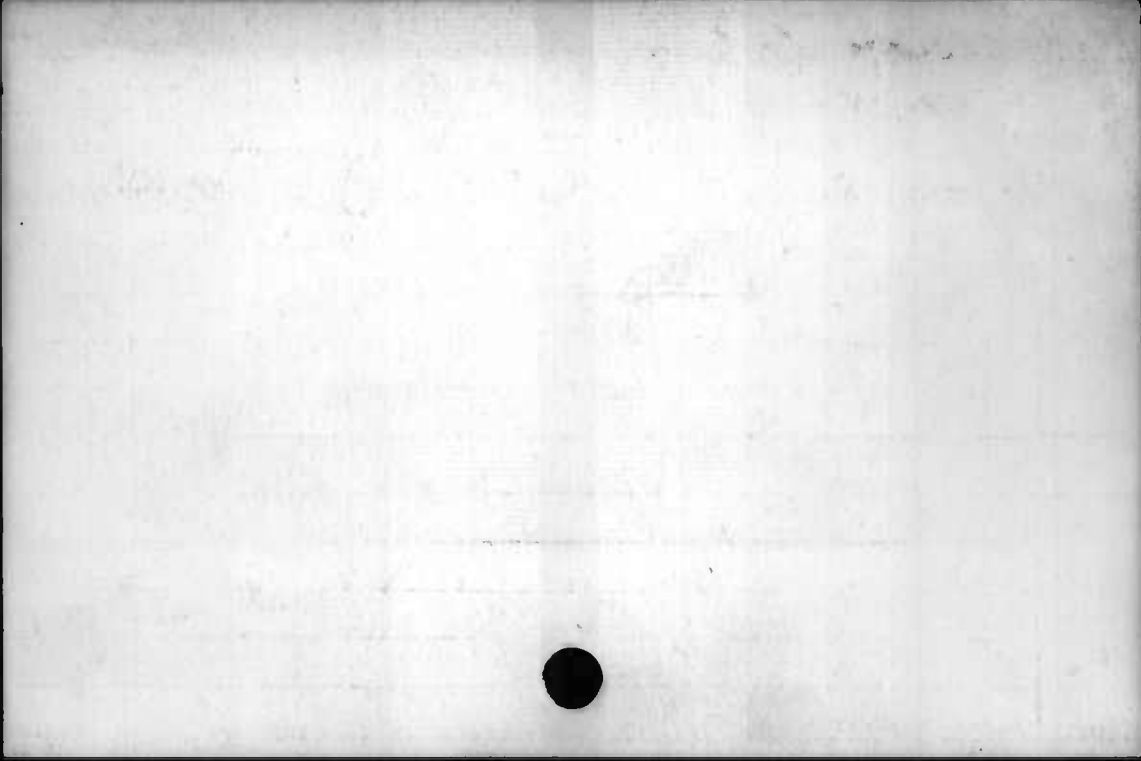
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Humbleton</i>		Town <i>Humbleton</i>		County <i>—</i>		State <i>Pa</i> <b>MARYLAND</b>	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>23</i>	Age <i>26</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>House Work</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laruen Johnston</i>						
Father's Name <i>W. S. Reichard</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Lutie Funk</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>W. S. Reichard</i>	How related to deceased <i>Father</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculous</i>	How long <i>18 mos</i>
Immediate <i>Heart Failure</i>	How long <i>ten hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. K. Coffman</i>
	Address <i>Hagerstown Ind</i>
Accident or Suicide?	<i>Muderslager</i>





Name  
in  
Full

Francis Pauline Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month <i>Sept</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Sharpsburg</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Sharpsburg</i>			
Mother's Maiden Name <i>Mary V King</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Mary V King</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion + Brucellosis</i>	How long <i>2 or 3 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gardner</i>
	Address <i>Sharpsburg Md.</i>
Accident or Suicide?	

G. Weston Marker  
undertaker

S

Name  
In  
Full

Elmer Martin Kindle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bearfoss</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup> <u>28</u> <sup>th</sup>		Age <u>      </u> <sup>Years</sup>		Months <u>      </u> Days <u>2</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Bearfoss Md</u>	
Occupation <u>      </u>		Where Residing If not at place of death <u>      </u>			
Married, Single or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>Charles M. Kindle</u>		Father's Birthplace <u>Sharpsburg Md</u>			
Mother's Maiden Name <u>Annie Rebecca Souders</u>		Mother's Birthplace <u>Bearfoss Md</u>			
Name of person giving information <u>Charles M. Kindle</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Defective Circulation</u>	How long <u>      </u>
Immediate <u>Unknown</u>	How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>St. P. Miller</u>
<u>J</u>	Address <u>      </u>
Accident or Suicide? <u>No</u>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Washington</i>		County <i>Washington</i>		MARYLAND
	Date of death 190 <i>6</i>	Month <i>Sept</i>	Day <i>2</i>	Age <i>10</i>	Months <i></i> Days <i></i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Barnesboro</i>	
	Occupation <i></i>		Where Residing if not at place of death <i>Washington Md.</i>		
	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married or Widowed		Name of Wife or Husband <i></i>		
	Father's Name <i>John K. Miller</i>		Father's Birthplace <i>Barnesboro</i>		
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Annie Beachley</i>		Mother's Birthplace <i>Frederic Co. Md.</i>		
	Name of person giving information <i>John K. Miller</i>		How related to deceased <i>no way</i>		
	CAUSES OF DEATH				
	Primary <i>Diphtheria</i>	<i>(9)</i>		How long <i>Five days</i>	
Immediate <i>"</i>			How long <i>Five days</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. D. Bogland</i>			
Accident or Suicide? <i></i>		Address <i>Washington Md.</i>			

Bronson



Name  
in  
Full

James B. Kreidler

CERTIFICATE OF DEATH

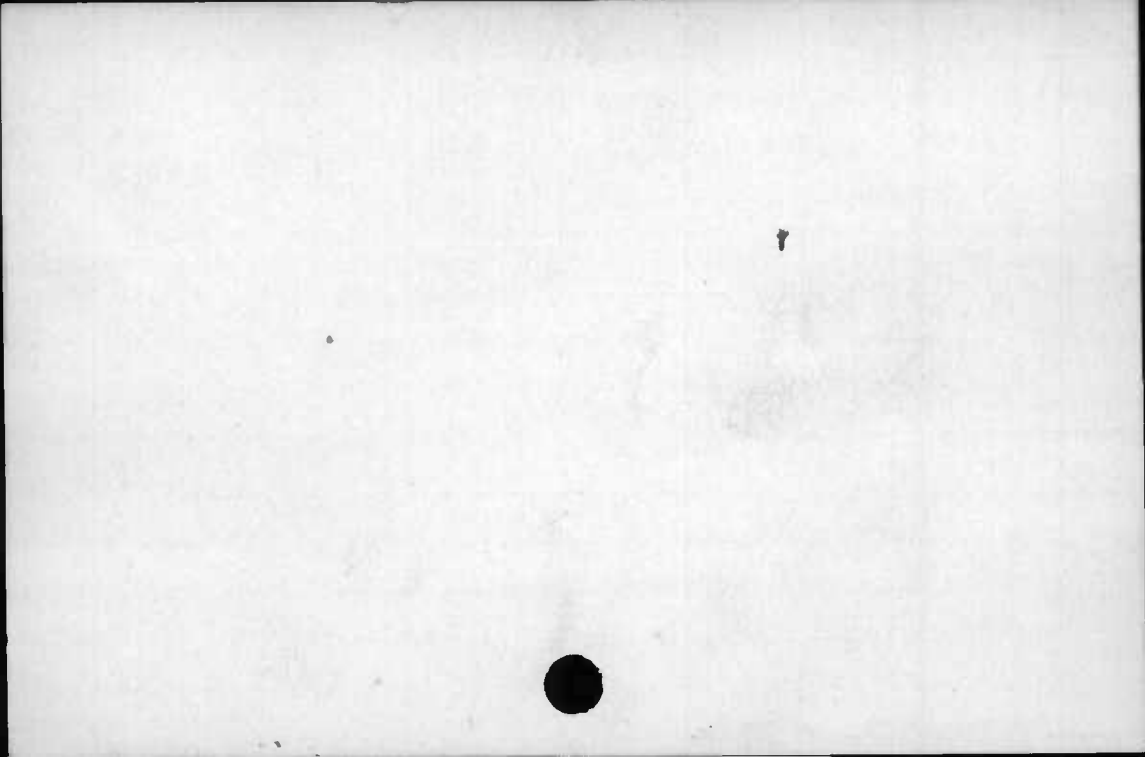
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mapleville</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 1906	Month <i>Sept</i>	Day <i>2</i>	Age <i>69</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington County</i>				
Occupation <i>School Teacher</i>	Where Residing if not at place of death <i>Mapleville</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Christiana Kreidler</i>						
Father's Name <i>Geo. Kreidler</i>	Father's Birthplace <i>Washington County Md</i>						
Mother's Maiden Name <i>Sarah Monroe</i>	Mother's Birthplace <i>Bethesda Md</i>						
Name of person giving information <i>Christiana Kreidler</i>	How related to deceased <i>wife</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>14 days</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Davis</i>
	Address <i>Boonboro Md</i>
Accident or Suicide?	

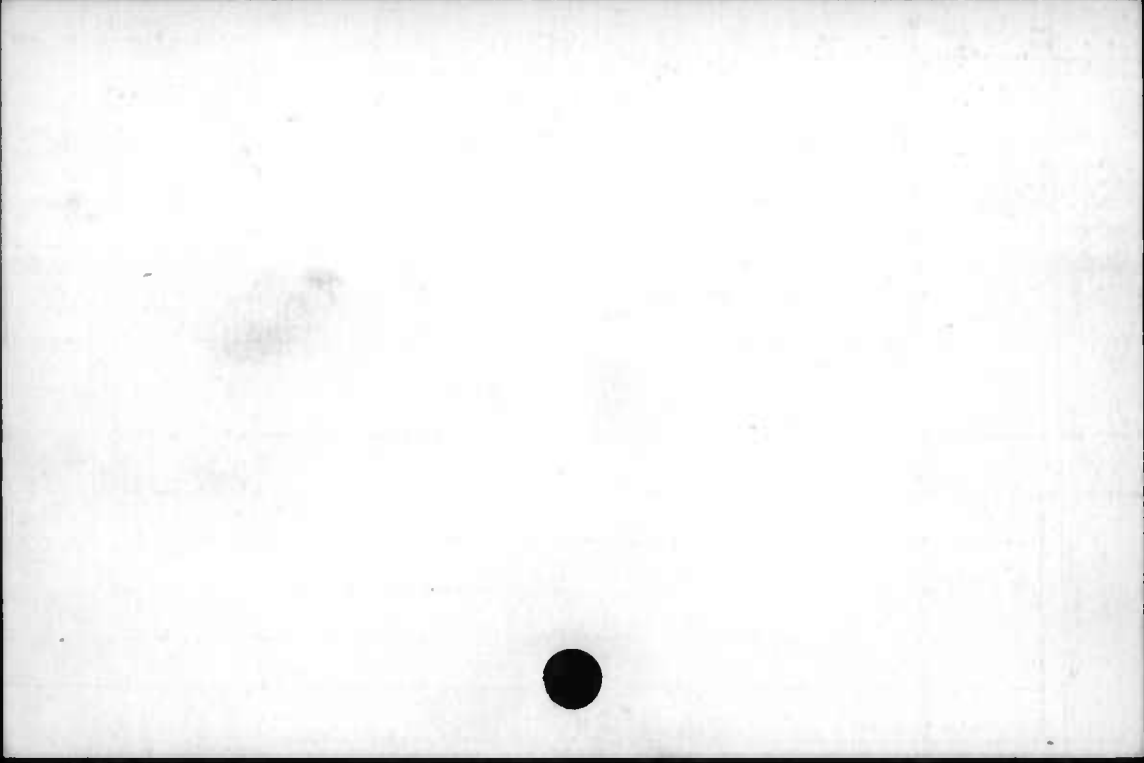




Name In Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hagerstown</i>				<i>Washington</i>				MARYLAND			
		Date of death <i>1904</i>		Month <i>9</i>	Day <i>14</i>	Age <i>14</i>		Years <i>14</i>	Months <i>11</i>	Days <i>21</i>			
		Sex <i>Male</i>				Color or Race <i>White</i>				Birth-place <i>Md</i>			
		Occupation						Where Residing if not at place of death					
		Married, Single or Widowed <i>Single</i>				Name of Wife or Husband							
		Father's Name <i>Daniel G. Erouse</i>				Father's Birthplace <i>Md</i>							
PHYSICIAN OR CORONER		Mother's Maiden Name <i>Bell Pine</i>				Mother's Birthplace <i>H. Va</i>							
		Name of person giving information <i>Daniel G. Erouse</i>				How related to deceased <i>Father</i>							
		CAUSES OF DEATH											
		Primary <i>Diphtheria</i>				How long <i>12 days</i>							
		Immediate <i>Heart Failure</i>				How long <i>7 hours</i>							
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>S. H. Emmet MD</i>							
						Address <i>Hagerstown Md</i>							
		Accident or Suicide?											

Canetown,

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND
	Date of death <i>1906</i> <small>Month</small> <i>9</i> <small>Day</small> <i>7</i>	Age <i>30</i> <small>Years</small>	Months <i>—</i>	Days <i>—</i>	
	Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>md</i>		
	Occupation <i>House work</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband			
	Father's Name <i>James Brunsome</i>	Father's Birthplace <i>Va</i>			
	Mother's Maiden Name <i>Caroline Hickman</i>	Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Marie Jackson</i>	How related to deceased <i>Granddaughter</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>75</i>		How long	
	Immediate <i>Hemorrhage</i>			How long <i>30 min</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Coffman</i>			
		Address <i>Hagerstown Md</i> <i>Mad Staker</i>			
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Henry May

Town

County

Penna,  
MARYLAND

Died at

York

Date

1906

Month

Sept

Day

21

Age

Years

67

Months

11

Days

1

Sex

male

Color or  
Race

white

Birth-  
place

Md.

Occupation

R.R. Watchman

Where Residing if not  
at place of death

Hagers town Md.

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Mary Catherine May

Father's  
Name

William May

Father's  
Birthplace

Pa.

Mother's  
Maiden Name

Mary Hartman

Mother's  
Birthplace

"

Name of person giving  
Information

Mary C May

How related  
to deceased

wife

## CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

Immediate

"

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

D. N. Neitch.

Address

York.

Pa.

Accident or Suicide?

PHYSICIAN  
OR CORONER

C. M. Suter & Son.

Name  
in  
Full

Anna Martha Zella Messner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		Washington		MARYLAND			
Date of death	1906	Month	9	Day	11	Age	9	Months	7	Days	14
Sex	female			Color or Race	white			Birth-place	Ind.		
Occupation				Where Residing if not at place of death							
Married, Single or Widowed	single			Name of Wife or Husband							
Father's Name	George Messner						Father's Birthplace	Ind.			
Mother's Maiden Name	Sarah Rogers						Mother's Birthplace	" "			
Name of person giving information	Geo Messner						How related to deceased	Father			

## CAUSES OF DEATH

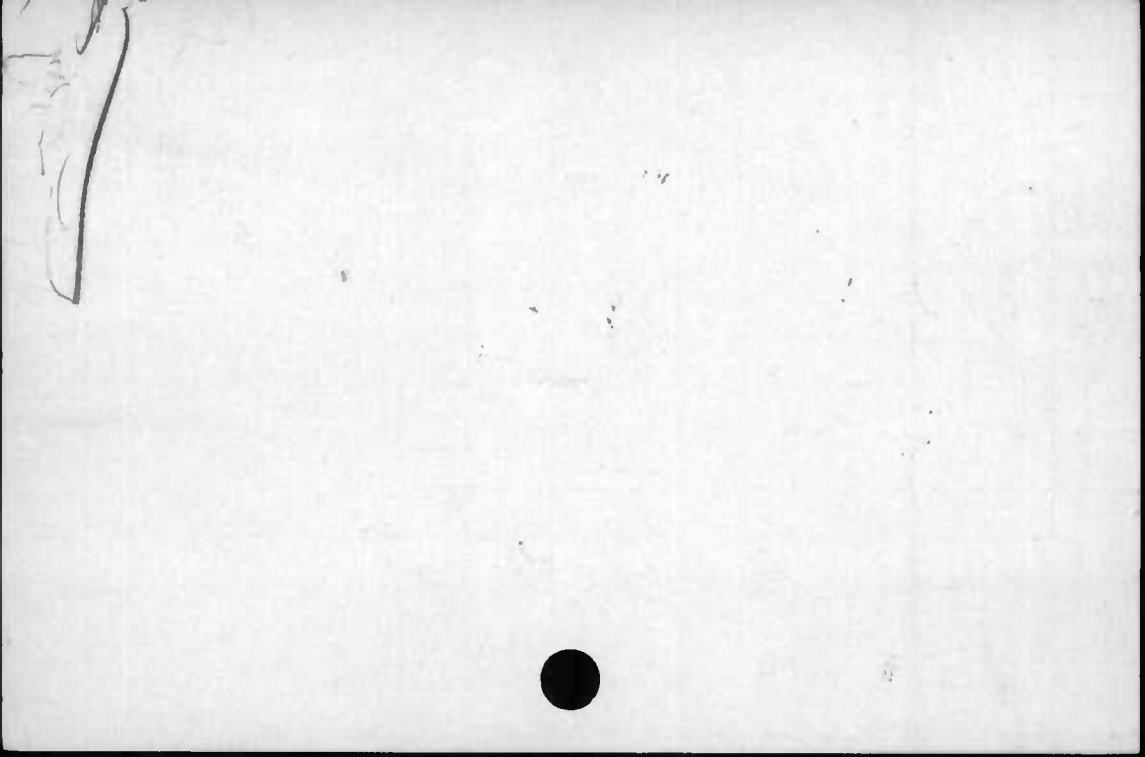
PHYSICIAN  
OR CORONER

Primary	Diphtheria	How long	5 days
Immediate	Convulsion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Thed Boase	
		Address	
		Hagerstown	
		Ind.	
Accident or Suicide?			

Creagerston,



Name In Full		Bessie Mildred Miller				CERTIFICATE OF DEATH	
		Town Lawnsville		County Shash		MARYLAND	
Died at							
Date of death		1906	Month 9	Day 20	Age 5	Years 9	Months 9
Sex Female		Color or Race White		Birth-place Lawnsville			
Occupation				Where Residing if not at place of death Lawnsville			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name John Miller		Father's Birthplace Mercesburg Pa					
Mother's Maiden Name Beriah Keplinger		Mother's Birthplace Barkersville					
Name of person giving information Emma Miller		How related to deceased Grand Mother					
		CAUSES OF DEATH					
Primary		Cholera Infantum		How long 2 mos			
Immediate		Milk Infection		How long 10 days			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician V. M. Reichard			
				Address Fairplay			
Accident or Suicide?							



Name  
in  
Full

Malinda V. Mills

## CERTIFICATE OF DEATH

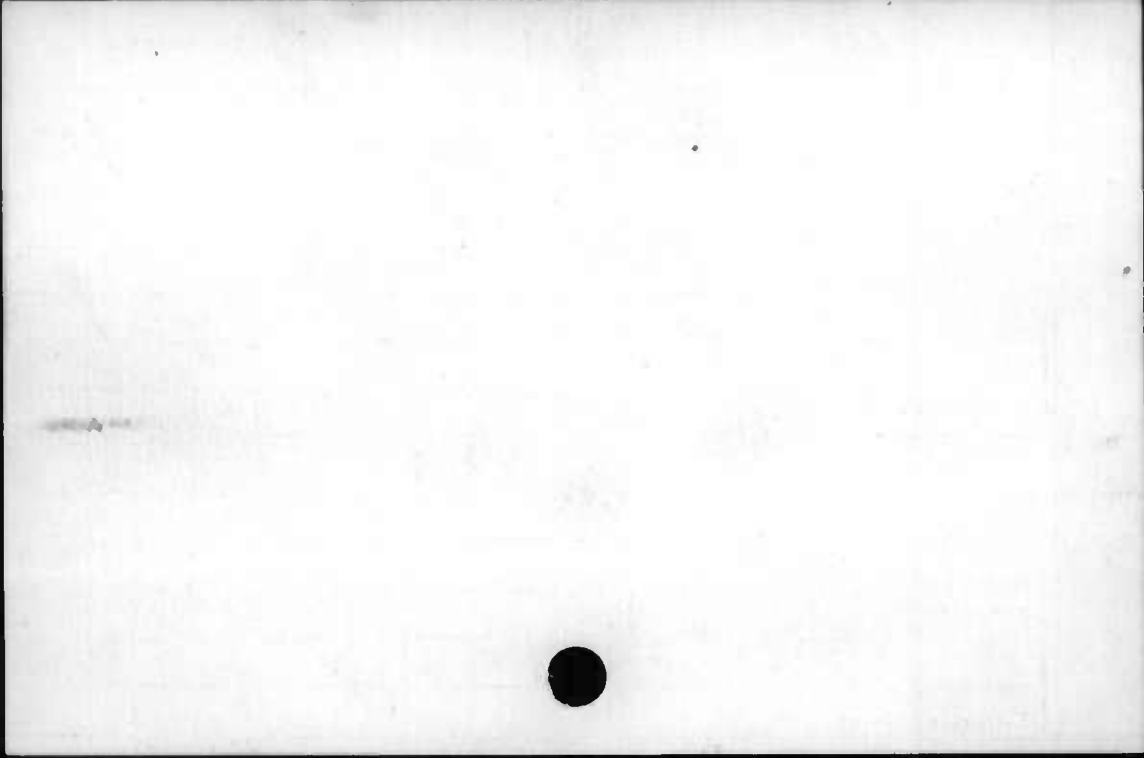
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Green Spring</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1906	Month	9	Day	27	Age	54
Sex	Female	Color or Race	White	Birth place	Spring Creek Pa	Months	8
Occupation	Housewife		Where Residing if not at place of death		—		
Married, Single or Widowed	—		Name of Wife or Husband		Eli Mills		
Father's Name	Mr Rickers				Father's Birthplace	Pa	
Mother's Maiden Name	Elizabeth Palmer				Mother's Birthplace	Pa	
Name of person giving information	Mr Garner				How related to deceased	Son-in-law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER


Primary	<i>Cerebral Degeneration</i>	How long	<i>15</i>
Immediate	<i>Exhaustion + Inanition</i>	How long	<i>13 Months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. P. Perry</i>
		Address	<i>Green Spring Ind</i>
Accident or Suicide?	<i>No</i>		



TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Catharin Mangella Moser</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		CERTIFICATE OF DEATH	
Died at		Month <i>9</i>		Day <i>8</i>		Years <i>2</i>	
Date of death <i>1906</i>		Age <i>21</i>		Months <i>2</i>		Days <i>21</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Ray M. Moser</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary A. Brownfelter</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Samuel Brownfelter</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Indigestion</i>	<i>104</i>	How long <i>6 weeks</i>	
	Immediate <i>Corn</i>		How long <i>3 hours</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mary A. Laughlin M.D.</i>	
	Address 		Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept	23	11		2	16
Sex	Male		Color or Race	White		Birth-place	Wash. Co
Occupation				Where Residing if not at place of death			
Married, Single <input checked="" type="checkbox"/> Widowed			Name of Wife or Husband				
Father's Name	Saml. E. Moser					Father's Birthplace	Fred Co
Mother's Maiden Name	Mary E. Summers					Mother's Birthplace	Wash Co
Name of person giving information	Saml E Moser					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Cerebro Spinal Meningitis	
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	E. J. Smith
Address	Burnsboro Md.
Accident or Suicide?	





Name  
in  
Full

*Catharine W. Muller*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>abroad house</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>sep</i>	Day <i>19</i>	Age <i>69</i>	Years	Months <i>8</i>	Days <i>4</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Beaver creek</i>				
Married, Single or Widowed <i>widowed</i>			Occupation				
Name of Wife or Husband <i>Catharine W. Petre Henry Muller</i>							
Father's Name <i>George Petre</i>				Father's Birthplace <i>md. Beaver creek</i>			
Mother's Maiden Name <i>Catharine</i>				Mother's Birthplace <i>Beaver creek</i>			
Name of person giving In formation <i>George W. Petre Sr</i>				How related to deceased <i>Daughter</i>			

*A B Breobaker undertaker*

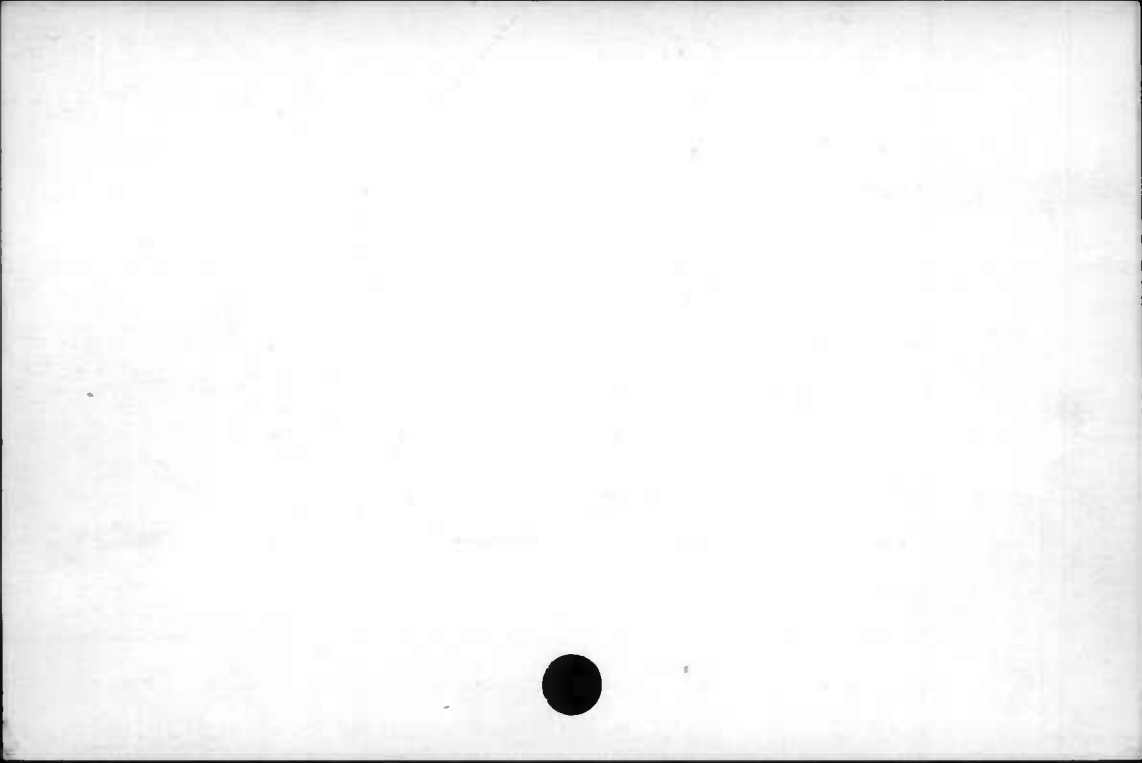
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Internal Paralysis</i>	How long <i>4 or 5 yrs</i>
Immediate <i>Obstruction</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Preslin Miller</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	

Long. Meadows,

Name in Full <b>Samuel Myers</b>		CERTIFICATE OF DEATH <b>State</b>	
Died at <b>Keadysville</b> <sup>Town</sup>		<b>Washington</b> <sup>County</sup>	
Date of death <b>1906</b> <sup>Month</sup> <b>9</b> <sup>Day</sup> <b>1</b>		Age <b>85</b> <sup>Years</sup> <b>9</b> <sup>Months</sup> <b>8</b> <sup>Days</sup>	
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Keadysville</b>	
Occupation <b>Laborer</b>	Where Residing If not at place of death <b>Keadysville</b>		
<del>Married</del> Single or Widowed	Name of Wife or Husband <b>Rabbecca Myers</b>		
Father's Name <b>Henry Myers</b>	Father's Birthplace <b>Unknown</b>		
Mother's Maiden Name <b>Mary Rabhart</b>	Mother's Birthplace <b>Unknown</b>		
Name of person giving information <b>Edna Myers</b>	How related to deceased <b>Daughter</b>		
CAUSES OF DEATH			
Primary <b>Senile Insanity</b>	How long <b>4 years</b>		
Immediate <b>Old Age - Emaciation</b>	How long <b>4 weeks</b>		
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>H. M. Fisher</b>		
	Address <b>Keadysville Md</b>		
Accident or Suicide? <input checked="" type="checkbox"/>			



Name in Full		Susanne Myers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pecktownville		Trask		MARYLAND	
	Date of death	1906	Month 9	Day 3 <sup>d</sup>	Age 50	Months	Days
	Sex	Female		Color or Race	White	Birth-place	Va
	Occupation	Housewife		Where Residing if not at place of death			
	Married, <del>Single</del> or <del>Widowed</del>			Name of Wife or Husband Lewis Myers			
	Father's Name	Wm Wiles			Father's Birthplace	Md	
	Mother's Maiden Name	Mary Turner			Mother's Birthplace	Md.	
Name of person giving information	Lewis Myers			How related to deceased	Husband		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORNER	Primary	Pulmonary Consumption			How long	3 years	
	Immediate	Pulmonary Congestion			How long	2 days	
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			J. A. West - M.D.			
			Address				Hancock
							Ind
Accident or Suicide? <input checked="" type="checkbox"/>							



TO BE ANSWERED BY  
NEAREST FRIEND

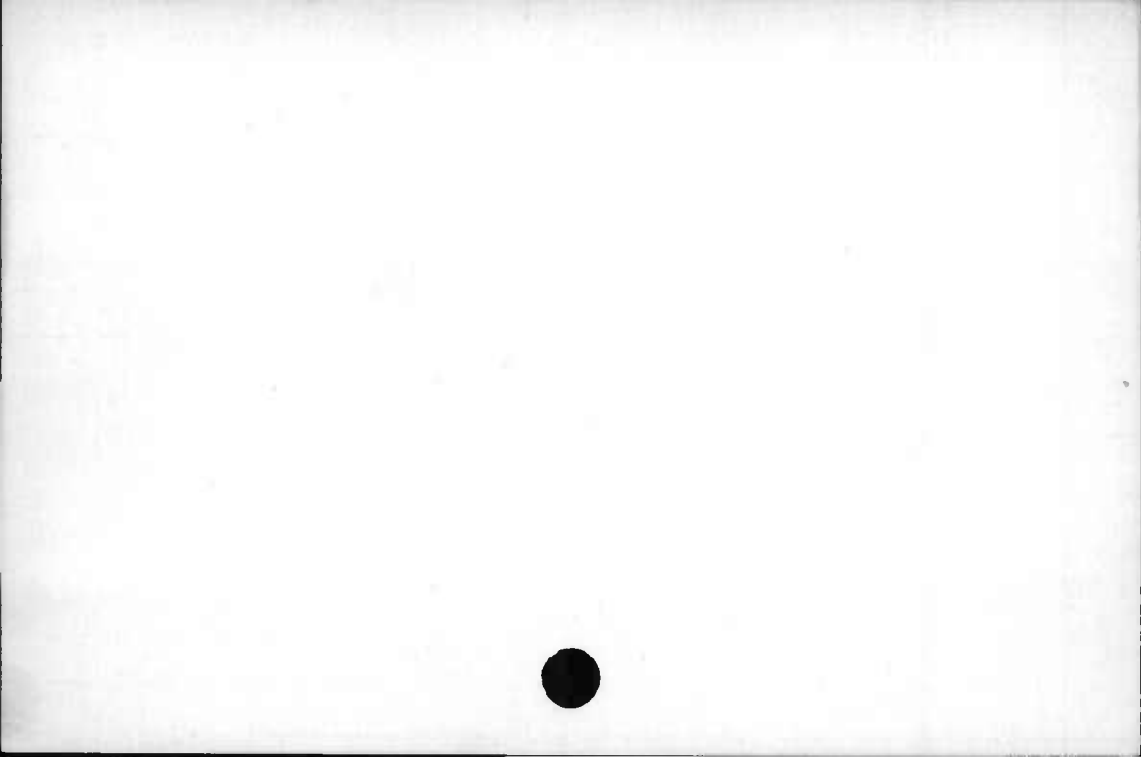
### CERTIFICATE OF DEATH

Name of person giving information	Father	How related to deceased	—
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### CAUSES OF DEATH

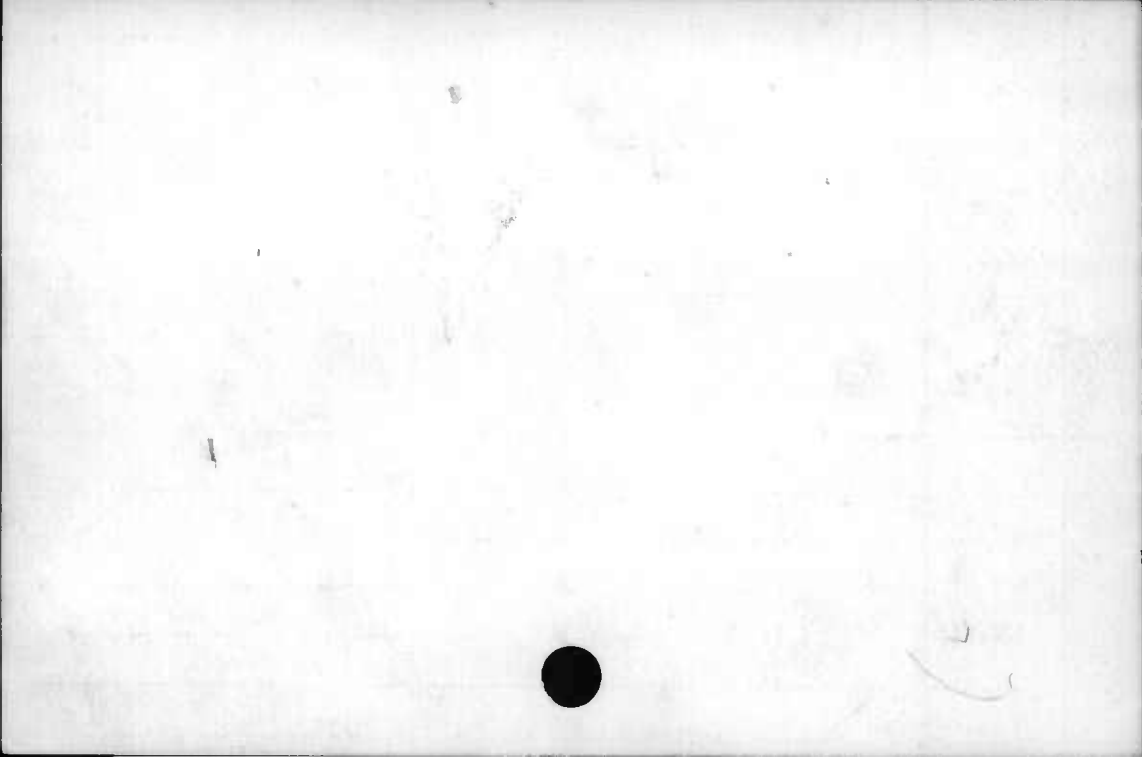
Undertakers in Attendance

LIBRARY BUREAU A6616





Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
	Date of death	1906	Month <i>9</i>	Day <i>4</i>	Age <i>71</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Na</i>		
	Occupation <i>Black Sewer</i>	Where Residing if not at place of death				
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margaret A. Stouffer</i>				
	Father's Name <i>Andrew Mullins</i>	Father's Birthplace <i>Na</i>				
	Mother's Maiden Name <i>Matilda Powell</i>	Mother's Birthplace <i>Ind</i>				
	Name of person giving information <i>Rachael Mullins</i>	How related to deceased <i>Daughter</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		How long			
	Immediate <i>Paralysis</i>		How long <i>2 weeks</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. S. Sherman</i>			
			Address <i>Hagerstown Ind</i>			
	Accident or Suicide?					



Name  
in  
Full

Albert R. Palmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Hagerstown		Washington		County		MARYLAND																	
Date of death		1906		Month		Sept		Day		4		Age		Years		21		Months		8		Days		1	
Sex		male		Color or Race		white		Birth-place		Md.															
Occupation		R.R. Brakeman		Where Residing if not at place of death																					
Married, Single or Widowed		Married		Name of Wife or		Minnie Fahrney																			
Father's Name		Joseph A. Palmer		Father's Birthplace		Md.																			
Mother's Maiden Name		Elisabeth Palmer		Mother's Birthplace		Md.																			
Name of person giving information		V.M. Reichard		How related to deceased		None																			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	2 weeks
Immediate	Hemorrhage & Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		V.M. Reichard	
Address		Fairplay	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hoyektown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>11</i>	Day <i>13</i>	Age <i>70</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>MD</i>		
Occupation <i>House-work</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William Porter</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Georgia Long</i>	Mother's Birthplace <i>W. Va</i>				
Name of person giving information <i>Thomas Porter</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>154</i>
Immediate <i>Heart failure</i>	How long <i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Coffman</i>
	Address <i>Hoyektown MD</i>
	<i>Undertaker</i>
Accident or Suicide?	

lele auspräg

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>25</i>	Age <i>2</i>	Years <i>2</i>	Months <i>1</i>	Days <i>25</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas A. Renner</i>			Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Grace E. Boward</i>			Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Thomas A. Renner</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>sun burn</i>	How long <i>some weeks</i>
Immediate <i>sun burn</i>	How long <i>some weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas B. Doyle M.D.</i>
	Address <i>—</i>
Accident or Suicide?	

Hagerstrom

Watkins



Name  
in  
Full

Captain Irvin Reynolds

CERTIFICATE OF DEATH

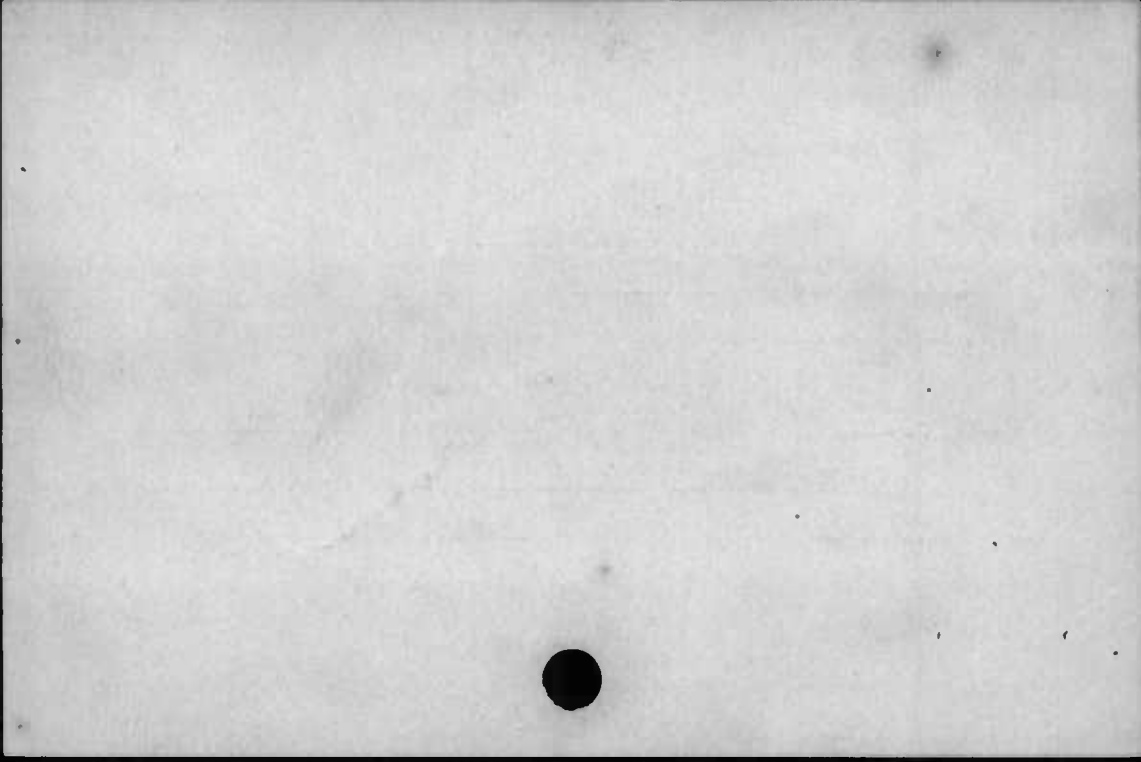
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kep. Zuyt.</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month <i>Sept.</i>	Day <i>19</i>	Age <i>3</i>	Years	Months <i>8</i>	Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pleasantville</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>G. J. Reynolds</i>			Father's Birthplace <i>Wash Co Md</i>				
Mother's Maiden Name <i>Annie B. Miller</i>			Mother's Birthplace <i>Jeff Co W. Va.</i>				
Name of person giving information <i>Annie B. Reynolds</i>			How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Ileo - colitis</i>	How long	<i>52 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. M. Phillips</i>
		Address	<i>Harps Ferry</i>
			<i>Jeff. Co. W. Va.</i>
Accident or Suicide?			



Name  
in  
Full

Edward Roland 9/2/18

CERTIFICATE OF DEATH

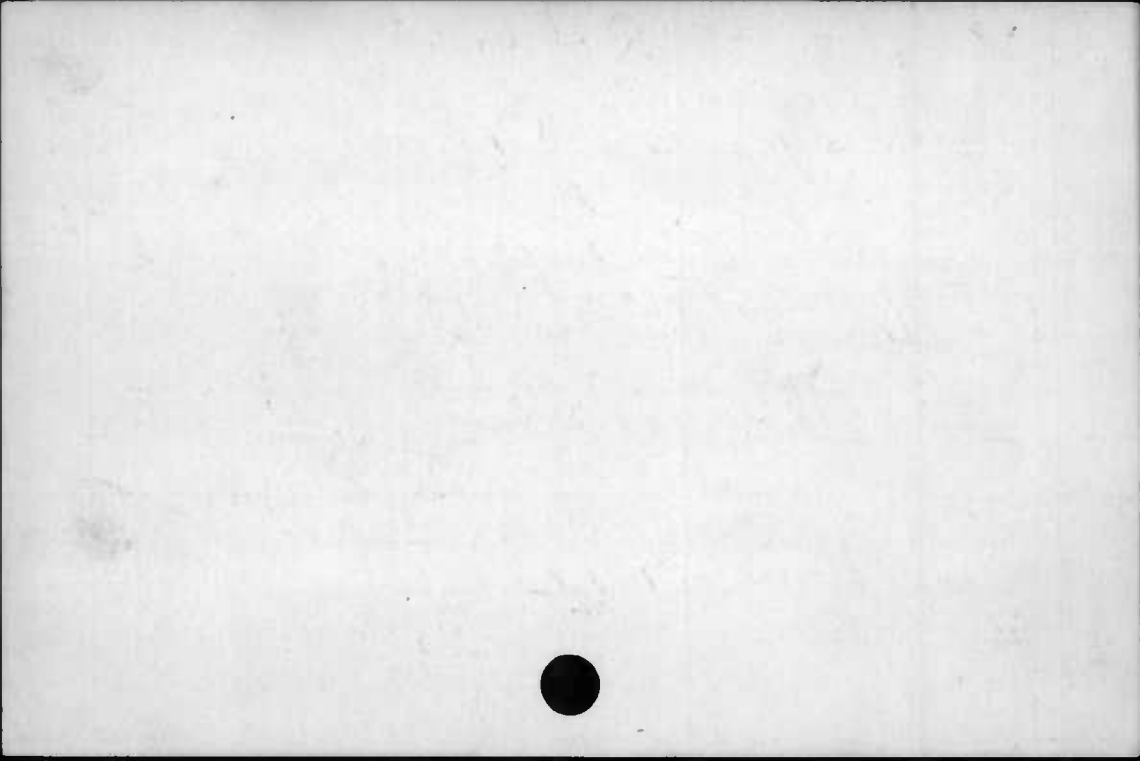
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Green Spring		County Dorchester		MARYLAND	
Date of death		1904	Month Sep	Day 30	Age 76	Months	Days
Sex Male		Color or Race Negro		Birth- place Md			
Occupation Laborer		Where Residing if not at place of death Green Spring					
Married, Single or Widowed		Name of Wife or Husband Caroline Roland					
Father's Name Ben Roland		Father's Birthplace Va					
Mother's Maiden Name Susan		Mother's Birthplace Va					
Name of person giving In formation Caroline Roland		How related to deceased Wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	While cutting wood	How long	5
Immediate	Hemorrhage	How long	five minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician None	
		Address Frank Bros	
Accident or Suicide?		Undertaker	



Name  
in  
Full

Kornie G. C. Sharon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hancock		County Wash		MARYLAND	
Date of death	1906	Month 9	Day 14	Age	19	Months 1	Days 26
Sex	Female		Color or Race	White		Burial place Magnolia Grove	
Occupation				Where Residing if not at place of death " "			
<del>Married</del> , Single or <del>Widowed</del>			Name of Wife or Husband				
Father's Name			Henry F. P. Sharon			Father's Birthplace Magnolia Grove	
Mother's Maiden Name			Eliana T. Otter			Mother's Birthplace " "	
Name of person giving in formation			Henry F. P. Sharon			How related to deceased Father	

## CAUSES OF DEATH

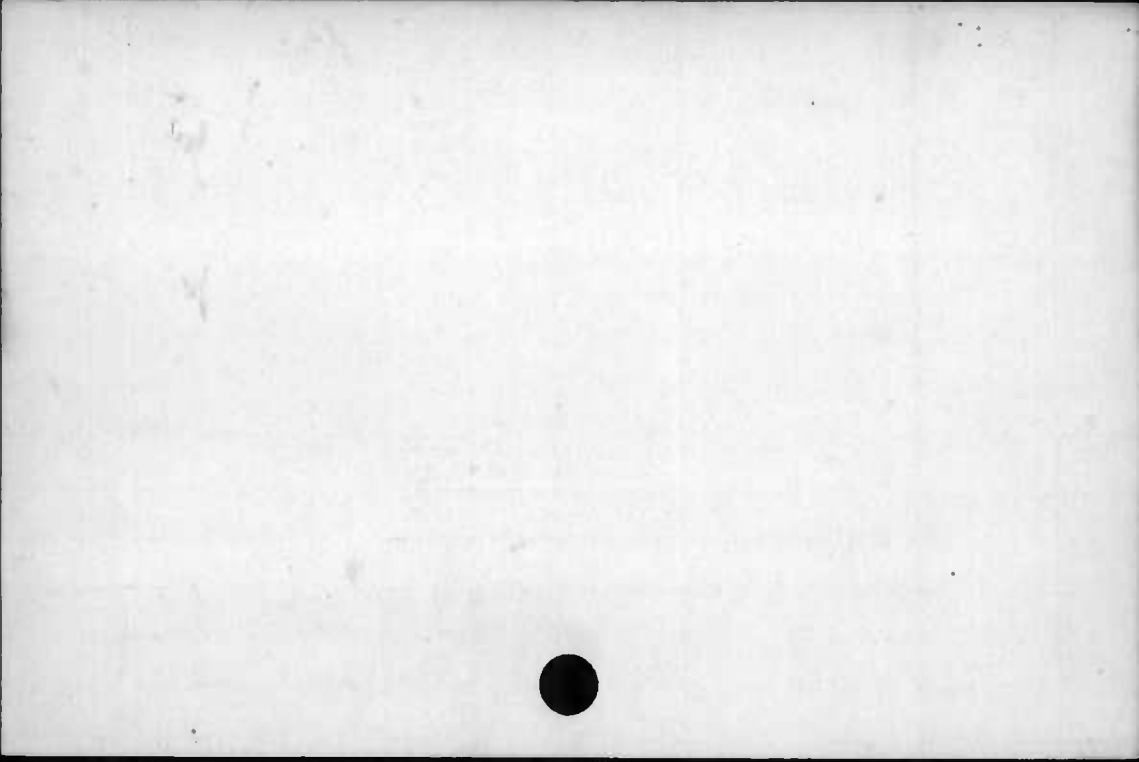
Primary	Typhoid Fever	How long	6 wks
Immediate		How long	

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Eliza T. Sherrin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bancroft		County Mason		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		9	2	Age 54	4	1	
Sex Female		Color or Race white			Birthplace Magnolia, Va.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Henry F. P. Sherrin					
Father's Name Geo. W. Acheson				Father's Birthplace Ohio			
Mother's Maiden Name Susanne House				Mother's Birthplace Magnolia, Va.			
Name of person giving information Henry F. P. Sherrin				How related to deceased Husband			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid Fever		How long	four weeks
	Immediate	Heart failure.		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		
	Signature of Physician J. E. Leonard		Address Bancroft, Md.		
Accident or Suicide? <input checked="" type="checkbox"/>					

5-10-1945



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Samuel Shomaker* Town *Brownstown* County *Washington* MARYLAND

Died at *Brownstown*

Date of death *1906* Month *Apr* Day *27* Age *77* Years Months Days

Sex *male* Color or Race *wh* Birth-place *Maryland*

Occupation *Laborer* Where Residing If not at place of death

Married, ~~Single~~ or Widowed Name of Wife or Husband *Catherine Costle*

Father's Name *Leah N. Shomaker* Father's Birthplace *md*

Mother's ~~Given~~ Name *Annand S. Shomaker* Mother's Birthplace *md*

Name of person giving information *Geo W Shomaker* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Locomotor Ataxia* How long *3 years*

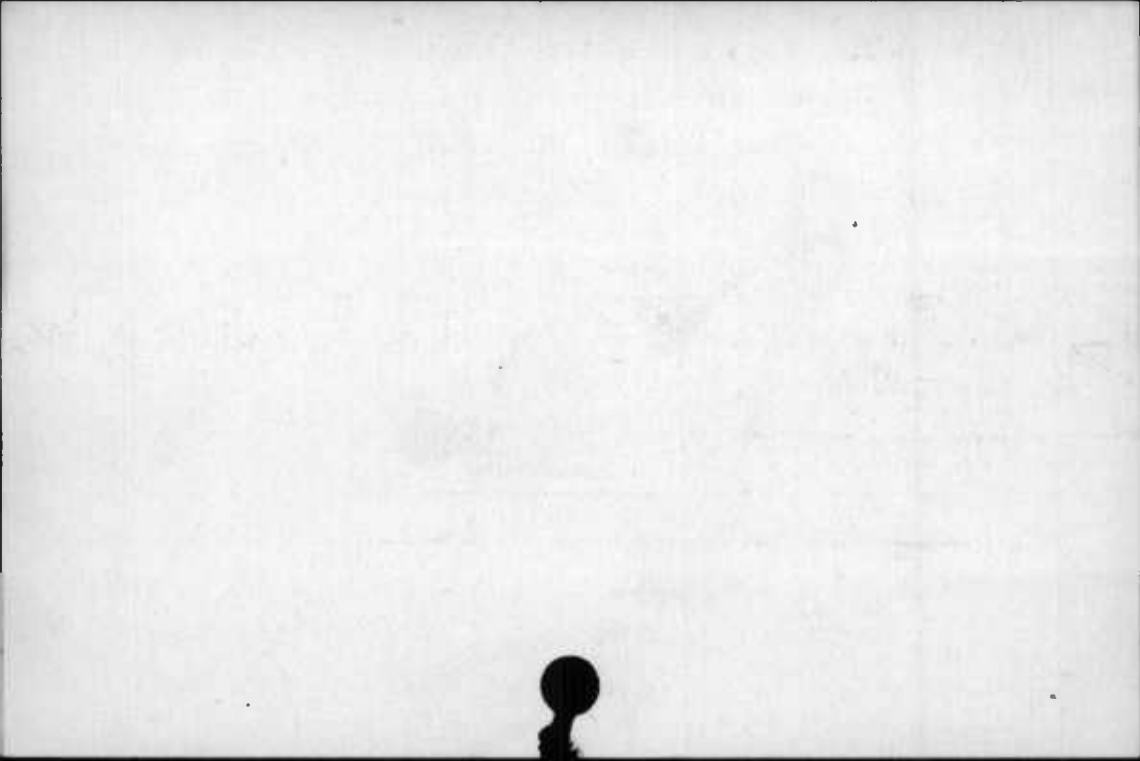
Immediate *Paralysis* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. Hubert Fisher*

Address *Brownstown, Maryland.*

Accident or Suicide? *No.*



Name  
in  
Full

Elizabeth E. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Hagerstown Town Wash. County  
Date of death 1906 9 Month 18 Day 94 Years Months 2 Days 24

Sex female Color or Race white Birth-place Pa  
Occupation N.W. Where Residing if not at place of death — X —

Married, Single or Widowed widow Name of ~~Widow~~ Husband William Smith

Father's Name James Noble Father's Birthplace Ireland

Mother's Maiden Name Mary Cooper Mother's Birthplace Scotland.

Name of person giving information Miss Mollie Smith How related to deceased daughter

## CAUSES OF DEATH

Primary Old age 154 How long  
Immediate " How long

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician J. H. Hoffmeier

Address 179 W. Washington St.  
Hagerstown Md

Accident or Suicide?

Ante

Name  
in  
Full

Elsie Francis Smith

CERTIFICATE OF DEATH

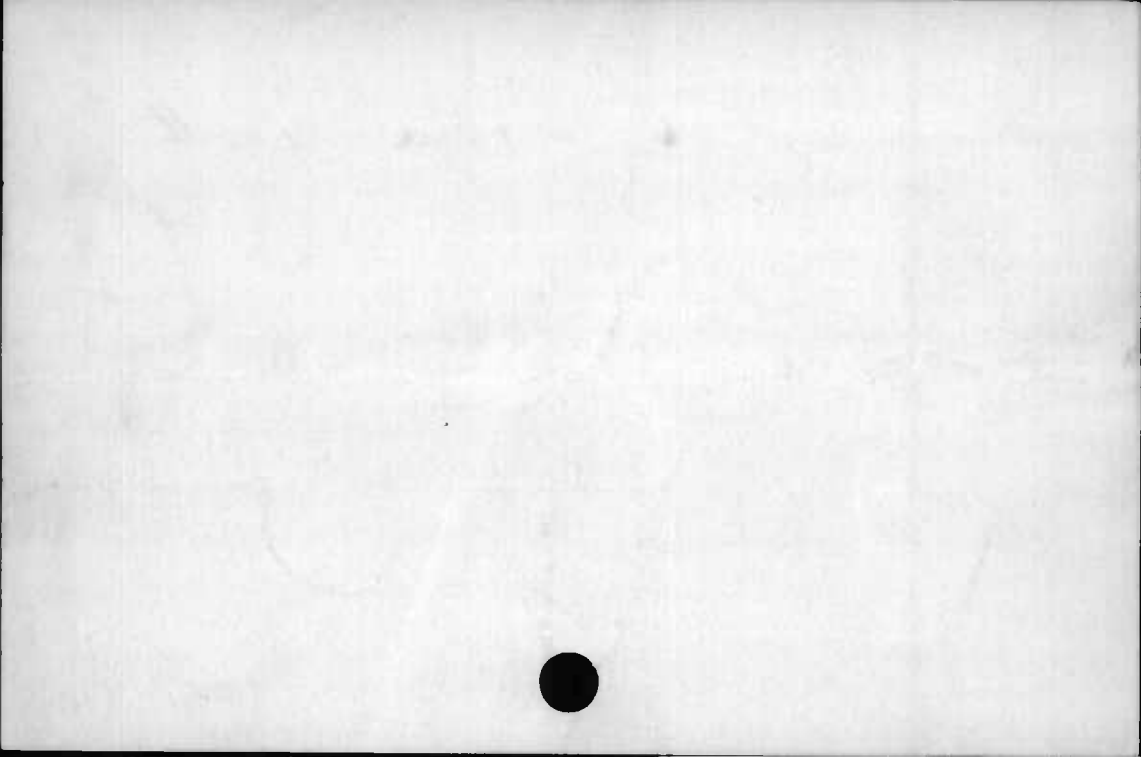
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smoke town</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	6
Age		1 year		Months	1 month
Sex	Female		Color or Race	White	
Birth-place	Smoke town				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Edward Smith		
Mother's Maiden Name			Fannie Arnold		
Name of person giving information			Mrs. Murty		
Father's Birthplace			Ind. Co.		
Mother's Birthplace			Wash. Co.		
How related to deceased			Wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Malnutrition</i>		How long	<i>8 months</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>E. F. Smith</i>	
			Address	
			<i>Brownboro</i>	
			<i>Md.</i>	
Accident or Suicide?				



Name  
in  
Full

Pauline Marie Smith

## CERTIFICATE OF DEATH

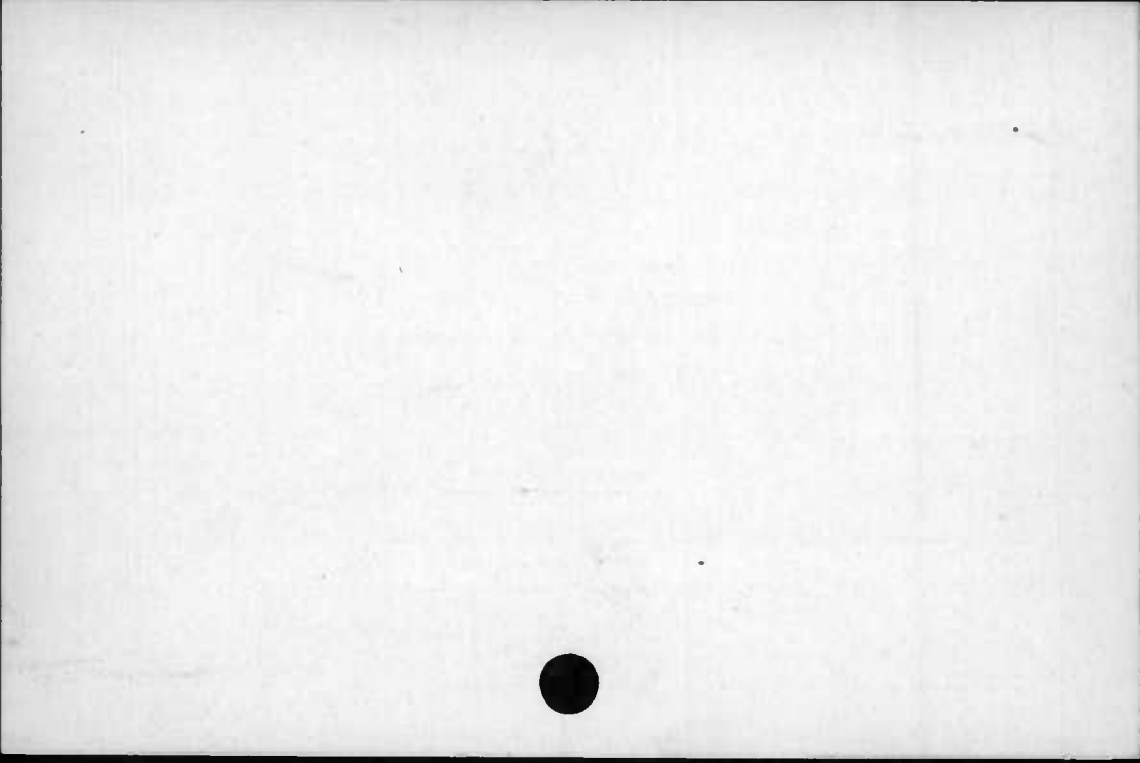
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bournsboro		County Washington		MARYLAND	
Date of death	1906	Month Sept	Day 8	Age	Years	Months 6	Days 10
Sex	Female		Color or Race	White		Birth- place	Bournsboro
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Harry Smith		Father's Birthplace	
Mother's Maiden Name				Sadie Celine		Mother's Birthplace	
Name of person giving In formation				Hezekiah Celine		How related to deceased	
				Grandfather			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	Since birth
Immediate	Gastro Enteritis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. J. Smith	
Address		Bournsboro	
Accident or Suicide?		No	





Name

in

Full

## CERTIFICATE OF DEATH

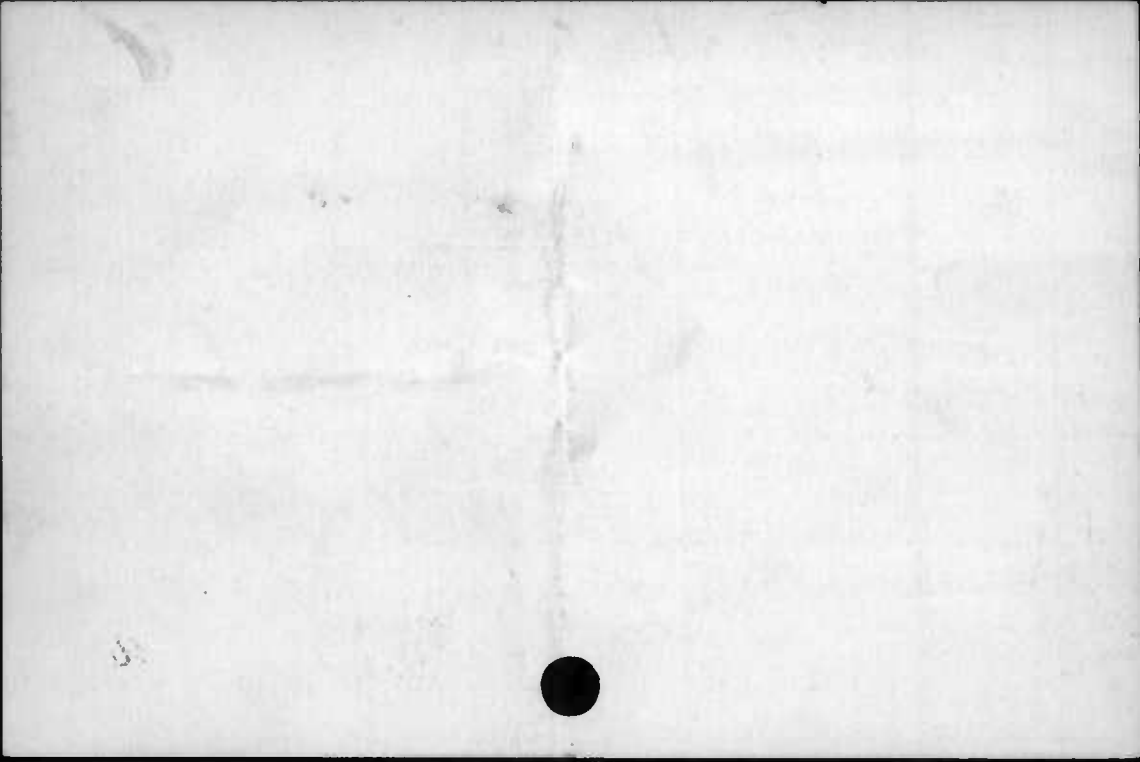
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Smoke Town</i> <sup>Town</sup> <i>Washington</i> <sup>County</sup> <i>Town</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sep</i>	Day <i>10</i>	Age <i>67</i>
Sex <i>Female</i>	Color or Race <i>Wht</i>	Birth-place <i>Maryland</i>	Months <i>10</i> Days <i>27</i>
Occupation <i>Housewife</i>	Where Residing If not at place of death		
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Emmel Stuffer</i>		
Father's Name <i>Harry Murre</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary E Reed</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>M. C. Cleburn Stuffer</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart-Disease</i>	How long <i>Don't Know</i>
Immediate <i>Asphyx</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Davis</i>
	Address <i>Boonsboro</i>
Accident or Suicide?	



Name  
in  
Full

Chas Walton Stinger

## CERTIFICATE OF DEATH

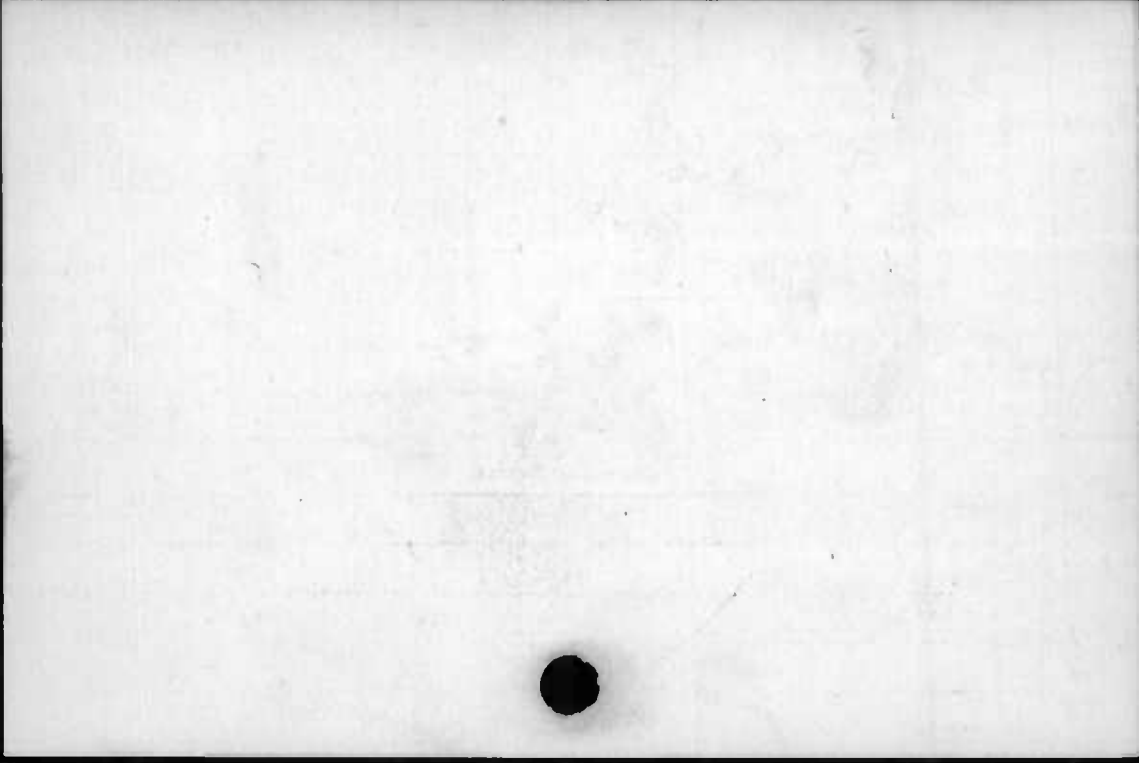
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wmstph</u> <sup>Town</sup> <u>Ma</u> <sup>County</sup> <u>Was</u>		MARYLAND	
Date of death	1906	Month	Sept
		Day	5
		Age	0
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Walter C Stinger	Father's Birthplace	Mercersburg Pa
Mother's Maiden Name	Margaret M Hawbecker	Mother's Birthplace	Rockcastle
Name of person giving information	W. C Stinger	How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Died in Confinement	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J F Kripko		J F Kripko	
Accident or Suicide? Undertaker		Address	
		Williamport Ma	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hoyestown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>6</i> <sup>Month</sup>	<i>9</i> <sup>Day</sup>	Age <i>62</i> <sup>Year</sup>	Months <i>-</i>	Days <i>-</i>
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>Painter</i>		Birth-place	<i>md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Mary J Tall</i>	
Father's Name	<i>John Tall</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Mary Campbell</i>		Mother's Birthplace	<i>md</i>	
Name of person giving information	<i>Thas Tall</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatoid arthritis</i>	How long	<i>5 or 6 years</i>
Immediate	<i>Weak Heart Exhaustion</i>	How long	<i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Victor D. Miller, Jr.</i>
		Address	<i>Hoyestown md</i>
Accident or Suicide?	<i>No.</i>		

Willowport

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

State  
MARYLAND

Name in Full *Hannah W Thomas* Town *Robrersville* County *Wash*

Died at *Robrersville*

Date of death *1906* Month *9* Day *24* Age *55* Years Months *9* Days *3*

Sex *Female* Color or Race *White* Birth-place *Robrersville*

Occupation *House Wife* Where Residing if not at place of death *Robrersville*

Married, Single or Widowed *Married* Name of Wife or Husband *John A Thomas*

Father's Name *Edmon Young* Father's Birthplace *Fred Co*

Mother's Maiden Name *Francis Brown* Mother's Birthplace *Boonboro*

Name of person giving information *John A Thomas* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Catast of Gall duct* How long *11* years

Immediate *Colic. Inflammation of Gall duct* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. D. Baker*

Address *Robrersville Maryland*

*Accident or Suicide*





Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Belvoir</i>		Town <i>Washington</i>		County <i>Washington</i>
	Date of death 190 <i>6</i>		Month <i>Sept</i>	Day <i>3</i>	Age <i>39</i>
	Sex <i>Male</i>		Color or Race <i>white</i>	Birth place <i>Wash Co Ind</i>	Months <i>1</i>
	Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>		
	Name of Wife or Husband <i>-</i>				
	Father's Name				Father's Birthplace
	Mother's Maiden Name				Mother's Birthplace
	Name of person giving information				How related to deceased
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Phthisis Pulmonaris</i>		How long <i>3 yrs</i>		
	Immediate <i>Exhaustion</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W B Monro</i>		
	Address <i>no</i>		Address <i>Hagerstown Ind</i>		
	Accident or Suicide? <i>no</i>				

W R Hagen

Bellvue,

Name  
in  
Full

Audelia Belle Williams.

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Hagerstown

Wash.

Date

Month

Day

Years

Months

Days

of death 1906

9

1

Age

6

8

210

Sex

female

Color or  
Race

white

Birth-  
place

Md.

Occupation

child

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
Husband

+ X X X X

Father's  
Name

Monroe Williams

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Alice Pearfoes

Mother's  
Birthplace

"

Name of person giving  
information

Monroe Williams

How related  
to deceased

father.

## CAUSES OF DEATH

Primary

Pneumonia

How long

Six months

Immediate

Exhaustion from operation

How long

Three weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. E. Peterson

Address

Hagerstown

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Blue Ridge Dist.</i>		Town <i>Washington</i>		County		MARYLAND		
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>11</i>	Age <i>69</i>	Years	Months	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>					
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>David Williard</i>						
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information <i>C. L. Schum</i>				How related to deceased <i>Nothing</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>10 Years</i>
Immediate <i>General debility</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. L. Wachter</i>
<i>yes</i>	Address <i>Sabillasville</i>
Accident or Suicide?	<i>Maryland</i>



Name  
in  
Full

Still Born Infant Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wmport</u> <sup>town</sup>		County <u>Waco</u>		MARYLAND	
Date of death	1906	Month	Sept	Day	9
Age	0	Years	0	Months	0
Sex	Female	Color or Race	White	Birth-place	Wmport Ma
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Effects of Lightning</u>	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		Address	
Accident or Suicide?			

